

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		Town <i>Adams.</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>14</i>	Age	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. Adams</i>				Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>Lucy Foorie</i>				Mother's Birthplace <i>Balto md</i>			
Name of person giving information <i>Geo Adams</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

15h

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>1 day</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. McKiffer</i>
	Address <i>Monroe Park</i>
	<i>Balto Co. md</i>
Accident or Suicide?	<i>10</i>

N. York

Balt. County

Name
in
Full

CERTIFICATE OF DEATH

Eleanor C Alnutt

Town

County

MARYLAND

Died at

Reisterstown

Balto

Date

of death

190

9

Oct

20

Age

84

Months

Days

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Friedrichsburg v.a

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Geo R W. Alnutt

Father's
Name

Charles Goodwin

Father's
Birthplace

Friedrichsburg v.a

Mother's
Meiden Name

Janet G Carmichael

Mother's
Birthplace

Friedrichsburg v.a

Name of person giving
Information

Charles G Alnutt

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

18 mos

Immediate

Hypertensive Congestive Phlegm

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J M Slade

Address

Reisterstown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8500	11220	11050	12370
2000	2000	2000	2000
2000	2000	2000	2000
2000	2000	2000	2000

Name
in
Full

John T. Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Hyde County Balto **MARYLAND**

Died at Hyde Balto

Date of death 1909 Oct. 7 Age 61 Month 4 Days ✓

Sex Male Color or Race White Birth-place Ind.

Occupation Black Smith Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Catherine Ambrose

Father's Name George Ambrose Father's Birthplace Ind.

Mother's Maiden Name Mary Shufley Mother's Birthplace Ind.

Name of person giving Information Lydia Ambrose How related to deceased Daughter

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

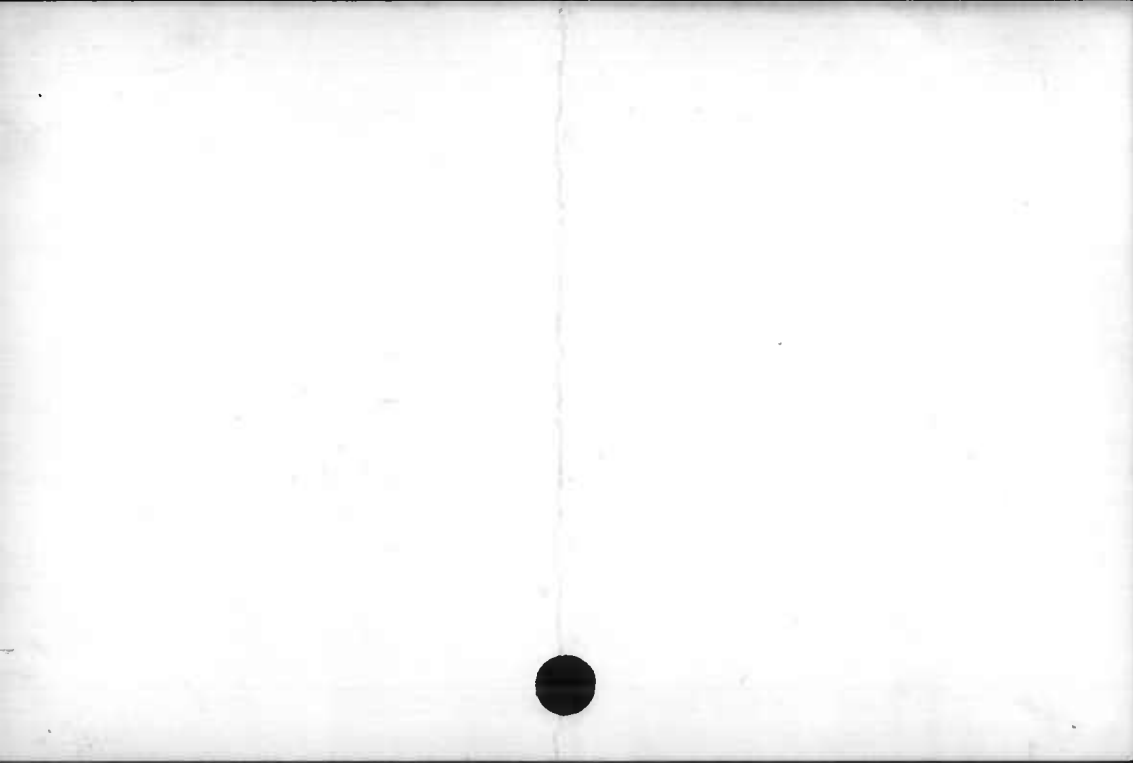
Primary carcinoma Tuberculosis of the Glands How long Five months

Immediate Intestinal tuberculosis How long two months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John A. Sheen

Address Billingo Ind.

Accident or Suicide ✓



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry Hardy Andrew
Roland Park Baltimore
Died at Town County

MARYLAND

Date of death 1909 Oct 7 Age 2
Month Day Years Months Days

Sex Male Color or Race White Birth-place Baltimore Md.

Occupation None Where Residing if not at place of death Roland Park Md.

Married, Single or Widowed Single Name of Wife or Husband None -

Father's Name Harry Hardy Andrew Father's Birthplace East New Market Rochester Co. Md.

Mother's Maiden Name Lily May Satten Mother's Birthplace Baltimore Md.

Name of person giving Information .. How related to deceased Mother

CAUSES OF DEATH

Primary Whooping Cough How long 7 1/2 months

Immediate Bronch. Pneumonia, Lymph Adenitis How long 2 weeks

Are the name, age, sex, color, data end place correctly given above? Yes

Signature of Physician M. Gibson Porter Address 14 Woodlawn Road Roland Park Md.

Accident or Suicide No

PHYSICIAN
OR CORONER

Loudentask

Oct. 9/1909

Wm Coats

502 E. Hawthay

Name
in
Full

Elvina Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rospeburg ^{County} Balto. **MARYLAND**

Date of death 1909 ^{Month} 10 ^{Day} 20 Age ^{Years} 21 ^{Months} 7 ^{Days} 5

Sex ♀ Color or Race negro Birthplace Balto. Co.

Occupation maid Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Alfred Baker Father's Birthplace Va.

Mother's Maiden Name Fannie Gray Mother's Birthplace Md.

Name of person giving Information Fannie Barnes How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long About 1 1/2 yrs.

Immediate Exhaustion How long Several months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. L. Wilkinson

Address Rospeburg, Md.

Accident or Suicide Neither.

Douglas Chaple

Name
in
Full

Stephen Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Hope Reformatory</i>		County <i>Balto Co</i>		MARYLAND	
Date of death	Month <i>Oct</i>	Day <i>9th</i>	Years <i>72</i>	Months <i>not known</i>	Days <i>not known</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Va.</i>		
Occupation <i>Black Smith</i>	Where Residing if not at place of death <i>Balto Co - Woodlawn</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>not known</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORNER

Primary <i>Mania Delirium</i>	How long <i>Six mos</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>over six mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>mt Hope Reformatory Balto Co Md.</i>



Name
in
Full

Marjorie R. Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Parkton Balt County

MARYLAND

Date

of death

1909

Month

Oct

Day

22

Age

Years

5-

Months

3-

Days

3-

Sex

Female

Color or
Race

White

Birth-
place

Balt. Md

Occupation

Where Residing if not
at place of death

Parkton Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jacob R. Barrett

Father's
Birthplace

Md

Mother's
Maiden Name

Susie E. Wilhelm

Mother's
Birthplace

Md

Name of person giving
Information

Sabra Wilhelm

How related
to deceased

~~Sister~~
Aunt

CAUSES OF DEATH

9

Primary

Membranous Croup

How long

10 days

Immediate

Heart Failure

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. R. Morris
Parkton
Md

PHYSICIAN
OR CORONER

Accident or Suicide

St Marys / Hampden
Oct 1909

Mr E. Chenoweth Son
3615 + 3617 Chestnut Ave
Balt City

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Bartenfelder
Town Rossville County Balto

MARYLAND

Died at
Date of death 1909 10 11 Age 87 Months 11 Days 18

Sex Female Color or Race white Birth-place Germany

Occupation Housewife Where Reiding if not at place of death Rossville Md

Married, Single, Widowed Name of Wife or Husband John V Bartenfelder

Father's Name J. Redner Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace "

Name of person giving Information August Bartenfelder How related deceased Son

CAUSES OF DEATH

(154)

Primary Senile Dementia How long

Immediate General Debility 2 years How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. V. ...

Address Rossville. 14 Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St Petri Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm. Bartenfelter* Town *Crossville* County *Polk*
Died at *Crossville* *Polk* **MARYLAND**
Date of death 1909 *Oct* *17* Month *Oct* Day *17* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *John Bartenfelter* Father's Birthplace *Ind*
Mother's Maiden Name *Maggie Miller* Mother's Birthplace *Ind*
Name of person giving Information *Sallye Basler* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Still Birth* How long *2*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. V. Ware*
— Address *Crossville Ind*
Accident or Suicide *—*

PHYSICIAN
OR CORONER

Frederick Lasschen
El Jans

Interment
St Peter Cemetery

Name in Full Wm. J. Bear.		TOWN Canton		COUNTY Ballo		CERTIFICATE OF DEATH	
Died at		TOWN Canton		COUNTY Ballo		MARYLAND	
Date of death 1909		Month Oct.		Day 10		Age —	
Sex Male		Color White		Birth-place Md.		Months 20	
Occupation —		Where Residing at 1304 First St.		Days —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name J. Wm. Bear		Father's Birthplace Va.					
Mother's Maiden Name Mrs. Ella Toler		Mother's Birthplace Va.					
Name of person giving information J. Wm. Bear		How related to deceased Father					
		CAUSES OF DEATH		105 ✓			
Primary Enterocolitis		How long 10 days					
Immediate Convulsions		How long 6 hours					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. D. Jones		Address 3419 Elliott St.			
Accident or Suicide? —							

Trinity bsm.

Oct. 11-09

Gurkle & Gurkle

1739 E. Cager St,

Name
in
Full

George Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		Oct.	17	Age 80	3	22	
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Farmer				Batlo Co Alunchona			
Married, Single or Widowed		Name of Wife or Huaband					
Single		None					
Father's Name		Father's Birthplace					
John Beck		Germany					
Mother's Maiden Name		Mother's Birthplace					
Margaret Hauser		Germany					
Name of person giving Information		How related to deceased					
Register Alunchona		None					

CAUSES OF DEATH

79

L

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis	How long	4 years
Immediate	Apnoea	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		William C. Everett	
		Address	
		Cockeysville	
		Md.	
Accident or Suicide			
No			

John Burns Sons

Town or

Interment

Oct.

John Hopkins & Hos.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Katharine Bernhard

Died at *Bethesda, Md.* *Har Sinai Cem.* County *Baltimore*

MARYLAND

Date of death 1909 Oct 25 Age 74 Months 9 Days 28

Sex Female Color or Race White Birthplace Germany

Occupation *Cem. Keeper.* Where Residing if not at place of death *Har Sinai Cem.*Married, Single or Widowed *Widowed* Name of Wife or Husband *Valentine Bernhard*Father's Name *Unknown* Father's Birthplace *Germany*Mother's Maiden Name *Unknown* Mother's Birthplace *"*Name of person giving Information *Harry S. Triv.* How related to deceased *None*

CAUSES OF DEATH

How long *Do not know*Primary *Atherosclerosis*Immediate *Cerebral Hemorrhage* How long *15 minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Frederick D. Allen M.D.*Address *2827 Calvert St North*Accident or suicide *1607 Madison Ave**Balto. Md.*PHYSICIAN
OR CORONER

J. Ahrens & Co

Jerusalem Cemetery

Belair Road

Name
in Full

Beauregard Blankner

CERTIFICATE OF DEATH

Died at

Corteza

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

Oct

Day

3

Age

Years

47

Months

10

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Richmond

Occupation

Candy Maker

Where Residing if not
at place of death

Corteza

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annus Blankner

Father's
Name

John Blankner

Father's
Birthplace

Germany

Mother's
Maiden Name

Annus Stow

Mother's
Birthplace

Germany

Name of person giving
Information

Annus Blankner

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Aortic Regurgitation

How long

10 Years

Immediate

Cardiac Dilatation

How long

several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. T. Wilkinson

Address

Raspensburg, Ind

Accident or Suicidal

heathier

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Western Club.

Thursday 2 Pm.

Wm Cook.

502 E North ave.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rosell Babst
Baltimore *Landsdowne* *Baltimore*

MARYLAND

Date

of death 190

9

Month

10

Day

10

Age

Years

64

Months

5

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Home Work

Where Residing if not
at place of death

Landsdowne

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Rose A Babst

Father's
Name

Wm Babst

Father's
Birthplace

Greenbelt Md

Mother's
Maiden Name

Rose Cornley

Mother's
Birthplace

Greenbelt Md

Name of person giving
Information

Rose C Babst

How related
to deceased

son

CAUSES OF DEATH

Primary

apoplexy; continued

How long

64 *3 days*

Immediate

Heart

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr J M Stennard
708 Enoch St

PHYSICIAN
OR CORONER

Accident or Suicide

R. J. Turner

Frederick

Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Lela Gertrude Basley

CERTIFICATE OF DEATH

Died at <i>Loachysville</i>		County <i>Baths</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>34</i>	Months <i>6</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Belfost Md</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>divorced</i>			
Father's Name <i>Leher Basley</i>			Father's Birthplace <i>Mt Cornie^{2nd}</i>		
Mother's Maiden Name <i>Ella Johnson</i>			Mother's Birthplace <i>Black Rock^{2nd}</i>		
Name of person giving information <i>Ella Ringgold</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Rheumatism</i>	How long <i>6 months</i>
Immediate <i>Endocarditis Acute</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Dr. T. B. Basley</i>
	Address <i>Loachysville Md</i>
Accident or Suicide? <i>—</i>	

Funeral at Stevenston
Chaple. Saturday
23rd.

M. E. Brooke

Name
in
Full

Lillian E. Brandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death	1909	Month Oct.	Day 23	Age	Years —	Months 5	Days 13
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Brandt					Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Bortner					Mother's Birthplace	Pennsylvania
Name of person giving information	Charles Brandt					How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	about 6 weeks
Immediate	Exhaustion	How long	about 1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Wright	
Address		Canton & O'Donnell Sts.	
Accident or Suicide?		No	

Mount Carmel Conn
Oct 25/09
H. Sander son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morell Park</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>26</i>	Years	Months <i>7</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Dallas, Texas</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mr F Braun</i>						
Father's Name <i>Geo F Price</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving information <i>Mr Braun</i>	How related to deceased <i>husband</i>						

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Tetanus (puerperal)</i>	How long <i>2 days</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo S McKieffer</i>
	Address <i>Morell Park</i>
	<i>Balto Co Md</i>
Accident or Suicide?	

The Trichostema
Western form
© ancient Paeast

Name
in
Full

Theresa Braunschweiger

CERTIFICATE OF DEATH

Town

County

Died at

Canton

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Oct.

18th

Age

78

9

12

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing ~~at~~ ^{not}
et place of death

1133 Clinton St.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Joseph Braunschweiger

Father's
Name

George Schmidt

Father's
Birthplace

Germany

Mother's
Meiden Name

Barbara

Mother's
Birthplace

.. ..

Name of person giving
Information

Barbara Juas

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Fractured Skull due to fall

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W.S. Sudbury, M.D. Comm.

Address

3545 E. Balto.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide

Lilly and Geiler
Undertakers

Sacred Heart Cemetery
Oct 22nd 1909

Name
in
Full

Rebecca Briesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Govan's* Town *Baltimore* County *MARYLAND*

Date of death 190*9* Month *Oct.* Day *10* Age *68* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Gorse Pa.*

Occupation *none* Where Residing if not at place of death *Gorse Pa.*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *D. Shower's Gorse Pa.* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Maniacal Excitement* How long *One week*

Immediate *apoplexy* How long *immediately*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

W. L. Carswell, M.D.
2 N. 25th St.

~~Accident or Suicide~~ *neither*

Place of Burial
York Pa
John Cook
502 E. Martha

Name
in
Full

Maria Brockman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Retriah ^{County} Baltimore

Date of death 1909 ^{Month} Oct ^{Day} 13th Age 54 ^{Months} not known ^{Days} not known

Sex Female Color or Race White Birth-place Germany

Occupation Wfe of Carpenter Where Residing if not at place of death Baltimore Md

Married, Single or Widowed Married Name of Wife or Husband not known

Father's Name not known Father's Birthplace not known

Mother's Maiden Name // // Mother's Birthplace // //

Name of person giving Information Rich. Mt Hope Retriah How related to deceased not at all

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary Chn. Nephritis How long unknown

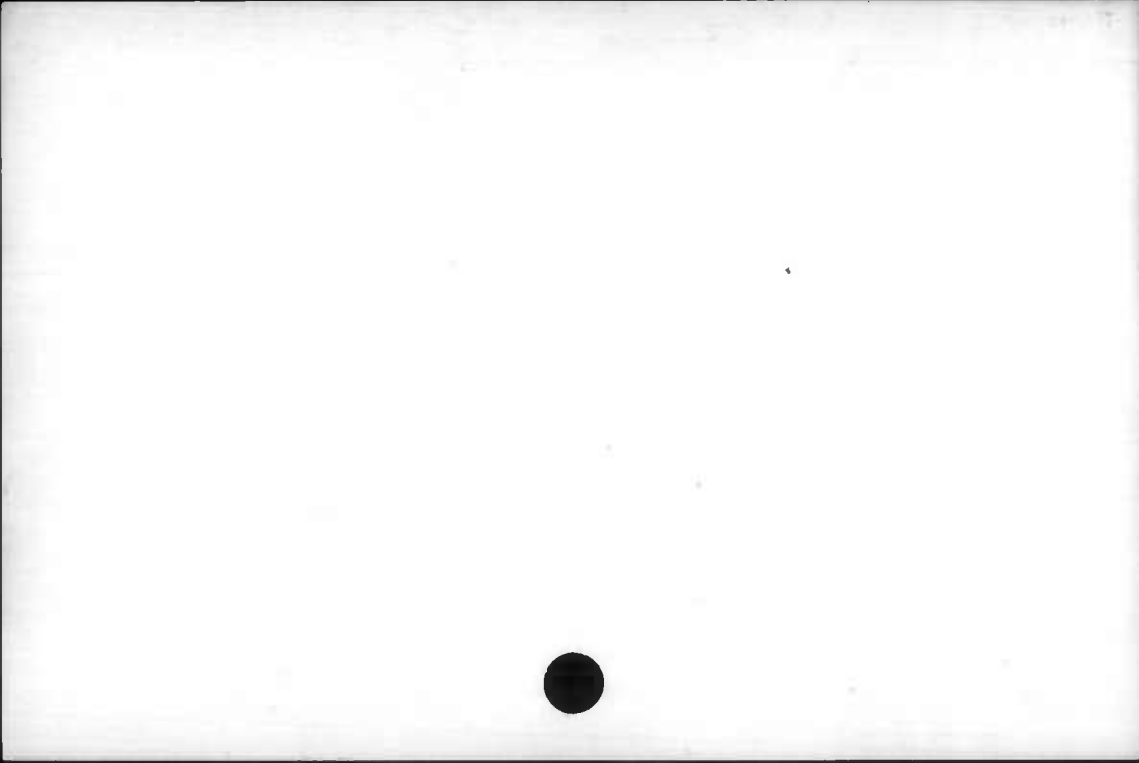
Immediate Exhaustion - 18 hrs How long 18 hours -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retriah

Accident or Suicide



Name
in
Full

Charles H. Buetner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1909	Month	Oct.	Day	10
Age	80	Years		Months	0
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Gardener	Where Residing if not at place of death <u>Arlington</u>			
Married, Single or Widowed	Widower	Name of Wife or Husband	don't know		
Father's Name	do not know			Father's Birthplace	don't know
Mother's Maiden Name	do not know			Mother's Birthplace	don't know
Name of person giving Information	<u>Wm W Kirk</u>			How related to deceased	none

CAUSES OF DEATH

123

✓

PHYSICIAN
OR CORONER

Primary	<u>Bladder disease</u>	How long	<u>6 or 8 yrs.</u>
Immediate	<u>natural causes</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician or Coroner	<u>H. Holliday Emich</u>
		Address	<u>Arlington Md.</u>
<u>Accident or Suicide</u>			

at McKendree

Sacred Heart Cemetery

Oct 5th 1909.

Undertakers

Lilly and Zeiler

Name
in
Full

William Thomas Burrs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trump</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>Oct</u> ^{Month}	<u>23</u> ^{Day}	Age <u>40</u> ^{Years}	<u>0</u> ^{Months}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Laborer</u>		Birth-place	<u>Trump</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Susan Busby</u>	
Father's Name	<u>John Burrs</u>			Father's Birthplace	<u>Balto. Co.</u>
Mother's Maiden Name	<u>Mary Ann Wilson</u>			Mother's Birthplace	<u>Balto Co</u>
Name of person giving information	<u>Joshua L. Slade</u>			How related to deceased	<u>none</u>

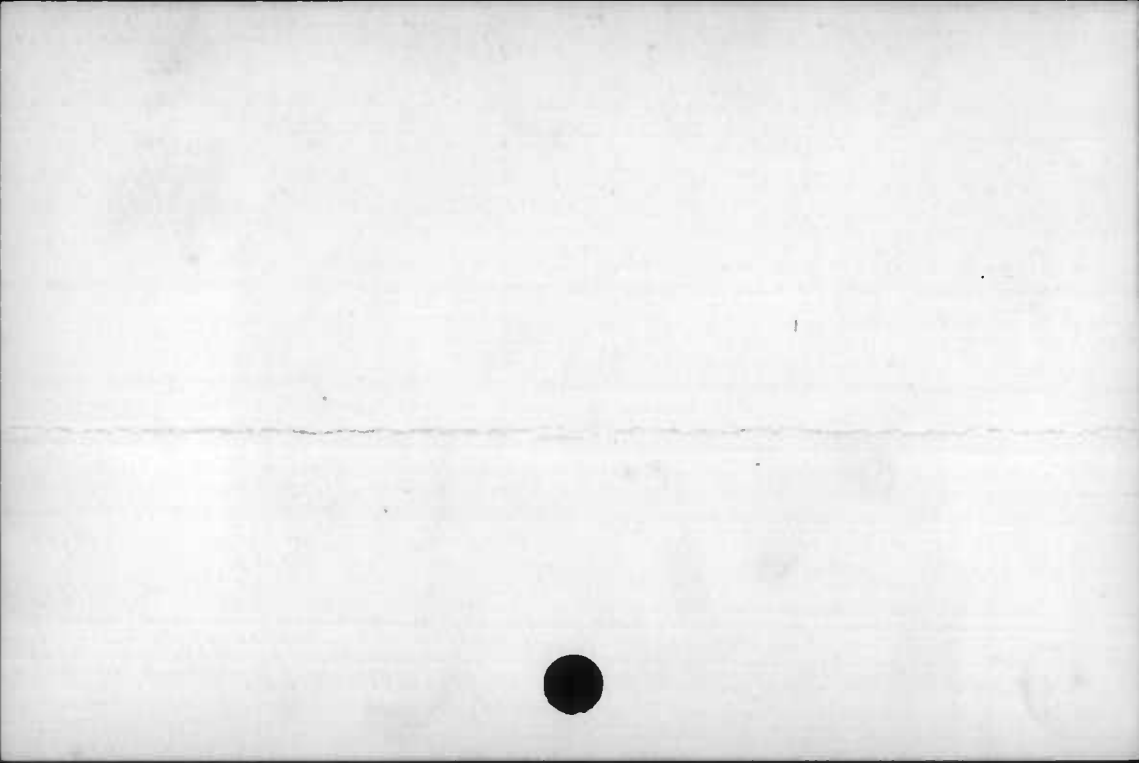
CAUSES OF DEATH

18

✓

PHYSICIAN
OR CORONER

Primary	<u>Erysipelas of face</u>	How long	<u>9 days</u>
Immediate	<u>Obstruction gastro-intestinal tract</u>	How long	<u>9 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. Nelson Dunnick</u>
		Address	<u>Stewartstown Pa.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1909	Month	Day	Age	Months	Days
		1	Oct	17	27	8	26
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Henry Butschky				Father's Birthplace	Maryland	
Mother's Maiden Name	Henrietta Burgan				Mother's Birthplace	Maryland	
Name of person giving information	Henrietta Butschky				How related to deceased	Mother	

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks.

Immediate

myocarditis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. A. Slantz

Address

3241 Eastern Ave.

Accident or Suicide?

Balls, Camille

Oct 20. 1909

H. L. and Son

Name
In
Full

William M. Carl

CERTIFICATE OF DEATH

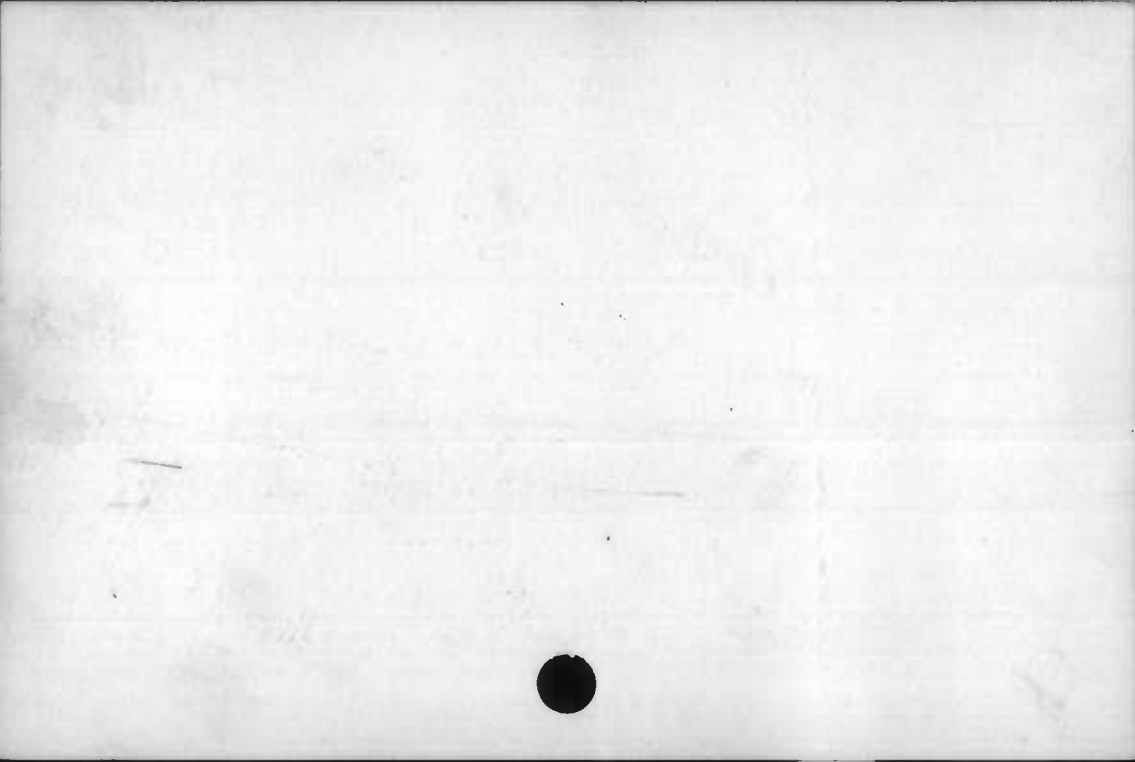
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denmore Ave.</i>		Town <i>Denmore</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>10</i>	Day <i>11</i>	Age <i>11</i>	Years <i>2</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Denmore Ave.</i>						
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. Carl</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Sabina Racer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information		How related to deceased <i>Parent</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Debility</i>	How long <i>Since Birth</i>
Immediate	<i>Convulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles H. A. Meyer, M.D.</i>
Address <i>1031 N. Caroline St.</i>		
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John S Cassell</i>		Town <i>St Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St Agnes Hospital</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>36</i>	
Date of death <i>1909</i>		Months <i>2</i>		Days <i>6</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>Architect</i>		Where Residing if not at place of death <i>1407 Park Ave.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Chas. E. Cassell</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Sallie W Bowles</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Chas. E. Cassell</i>		How related to deceased <i>Father</i>					

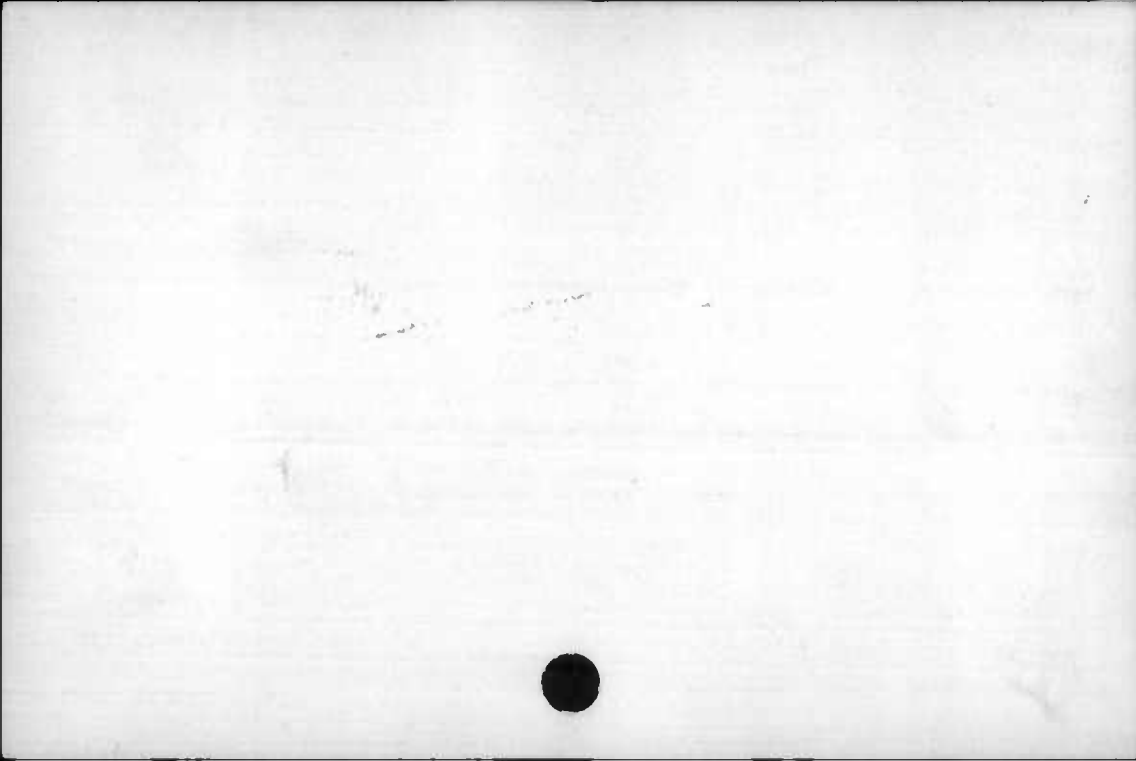
CAUSES OF DEATH

56

✓

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>4 yrs +</i>
Immediate <i>Chlorium Tremens</i>	How long <i>30 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Allen Graham M.D.</i>
<i>No</i>	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William Chainine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>24</i>		Age <i>71</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Where Residing if not at place of death <i>resided at place of death</i>			
Occupation <i>none</i>		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Jessie Chainine</i>		Father's Name <i>John Chainine</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Julia Hindman</i>		Name of person giving Information <i>Margaret Chainine</i>		Mother's Birthplace <i>England</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	<i>Chronic cystitis from enlarged prostate gland</i>	How long	<i>3 years</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Arthur Williams</i>
Accident or Suicide <i>no</i>		Address	<i>Elk Ridge, Ind</i>

For B. Cook
London Park.

Name
in
Full

Solon Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

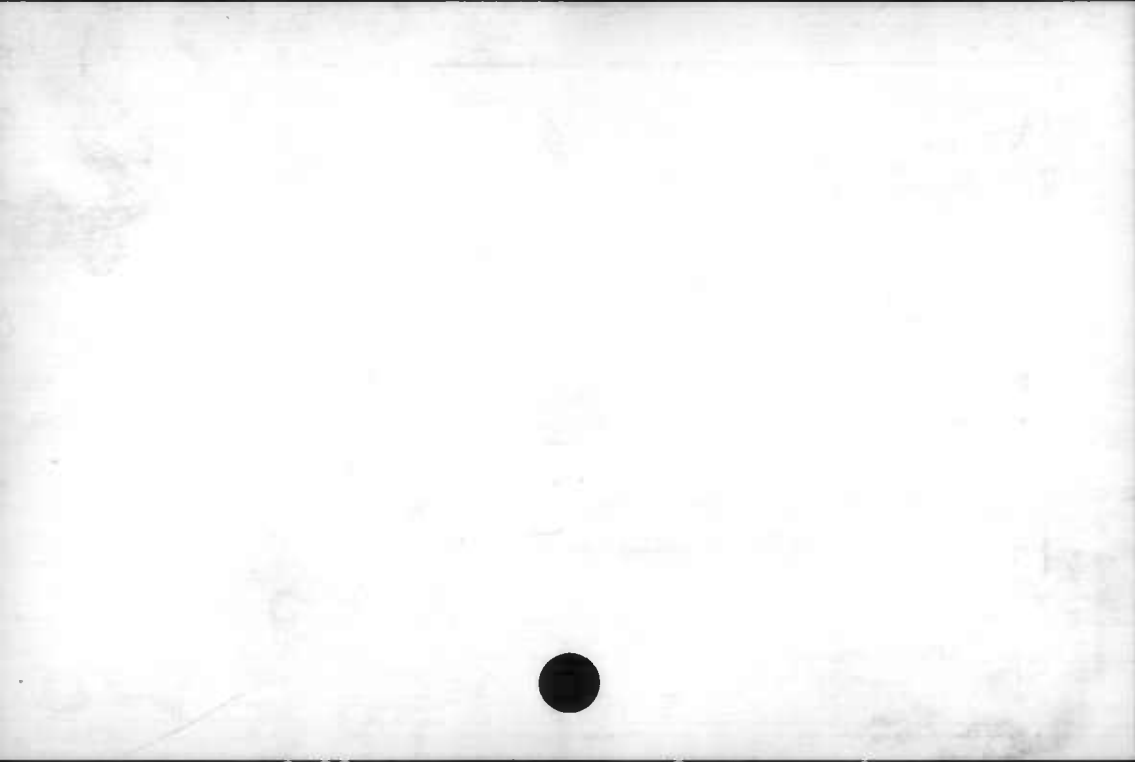
Died at <i>Spinnis Point</i> Town <i>Baltimore</i> County		.MARYLAND	
Date of death 190 <i>9</i> Month <i>Oct.</i> Day <i>1st.</i>	Age <i>1</i> Years <i>1</i> Months <i>21</i> Days		
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Spinnis Point</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widow	Name of Wife or Husband		
Father's Name <i>Eugene Chase</i>	Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Josephine Fisher</i>	Mother's Birthplace <i>W. Va.</i>		
Name of person giving Information <i>Eugene Chase</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>7 weeks</i>
Immediate <i>Infantile Atrophy</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Elwood M.D.</i>
	Address <i>Spinnis Point, W. Va.</i>
Accident or Suicide	



Name in Full Ella Henderson Cobb		CERTIFICATE OF DEATH	
Died at ^{Town} Ashland		^{County} Baltimore Co	
Date of death 1909		MARYLAND	
^{Month} Oct.		^{Days} 28	
^{Age} 40		^{Months} 7	
Sex Female		Color or Race White	
Occupation Housewife		Birth-place Chester County Pennsylvania	
Where Residing if not at place of death Ashland Md.			
Married, Single or Widowed Married		Name of Wife or Husband Paul Wharton Cobb	
Father's Name Thos. W. Henderson		Father's Birthplace Pegonia Pa	
Mother's Maiden Name Mary Clarkson		Mother's Birthplace Leicester Pa	
Name of person giving information Paul Wharton Cobb		How related to deceased Husband	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		27 ✓ How long 9 years	
Immediate Pulmonary Tuberculosis		How long 9 years	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr W. R. Bausen	
		Address Leachysville Md	
Accident or Suicide?			

Interment at Coolville

Pa

on Nov. 1. 35

Mr Paul Cobb.

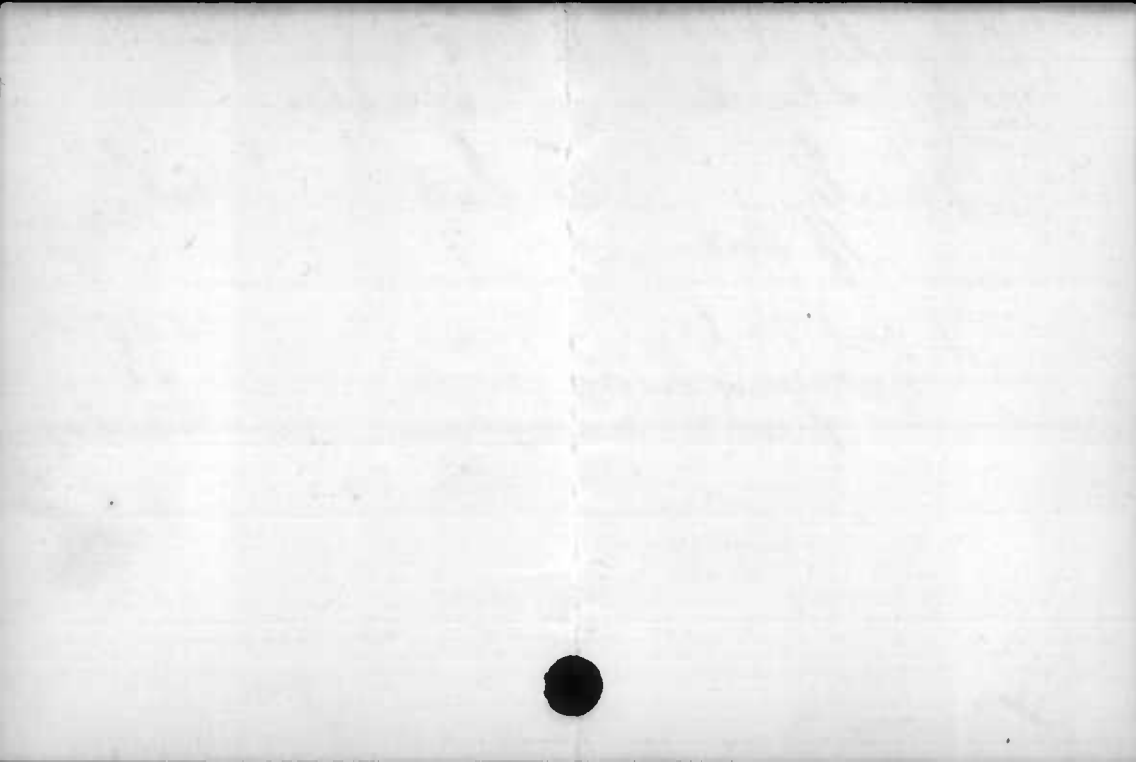
Passenger in Charge.

M. C. Brooks

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Charles Edgar Cole				County		Baltimore		CERTIFICATE OF DEATH	
Died at		Town		Glenview		County		Baltimore		MARYLAND	
Date of death		1909		Month 10		Day 3		Age		Years	
Sex		male		Color or Race		white		Birth-place		Glenview	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		Edward Cole		Father's Birthplace		Baltimore Md.					
Mother's Maiden Name		Ellen Ryan		Mother's Birthplace		Glenview Md.					
Name of person giving information		Ellen Cole		How related to deceased		Mother					
CAUSES OF DEATH											
Primary		Still Born		How long		8					
Immediate				How long							
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. H. Shumanovich					
				Address		Glenview Md.					
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>10</i>	Day <i>25</i>	Age <i>1</i> Years	Months <i>8</i> Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>3221 E. Balt. St. -</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Fred. W. Kunzerman</i>	Father's Birthplace <i>Balto</i>				
Mother's Maiden Name <i>Katherine Kerschaefer</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Fred. W. Kunzerman</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria, Laryngeal</i>	How long <i>5 days</i>
Immediate <i>Acute myocarditis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Herrmann</i>
	Address <i>3115 E. Baltimore St.</i>
Accident or Suicide?	

Wm. A. Moran
Funeral Director

Bachman
cemetery

Name
in
Full

Augustus W. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reston</i>		Town <i>Reston</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	3	Years	51
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		Months	1
Occupation <i>Driver</i>		Where Residing if not at place of death <i>Reston</i>		Days		26	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Sarah E. Davis</i>		
Father's Name	<i>Hansen Davis</i>				Father's Birthplace	<i>Carroll Co</i>	
Mother's Maiden Name	<i>Martha Buckingham</i>				Mother's Birthplace	<i>Carroll Co</i>	
Name of person giving information	<i>Mrs Sarah E. Davis</i>				How related to deceased	<i>Wife</i>	

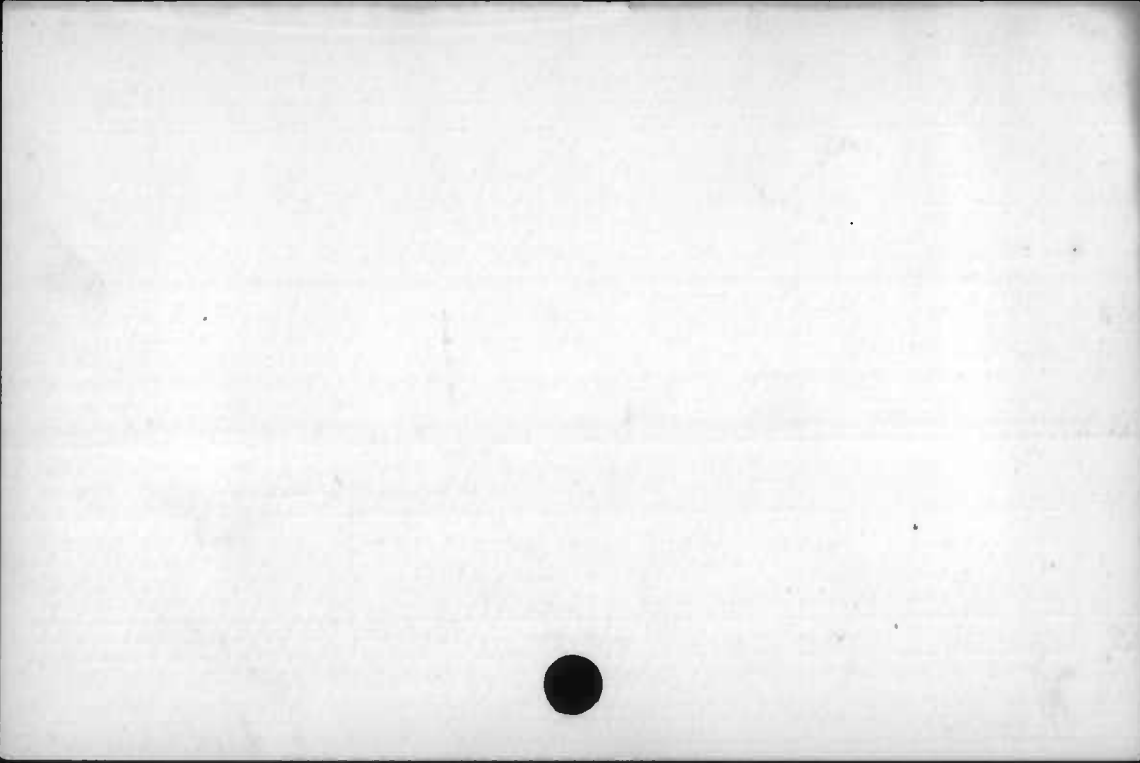
CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

Primary	<i>Paraneurmatous Nephritis</i>		How long	<i>5 months</i>
Immediate	<i>"</i>		How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Joseph J. Hering</i>	
			Address <i>The St Paul Apartments</i>	
			<i>Baltimore, Md</i>	
Accident or Suicide? <i>✓</i>				



Name
in
Full

Mary E. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date of death		Month 1909	Day Oct.	Age	Years 12	Months 5	Days
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation House wife				Where Residing if not at place of death 3407 12th Ave			
Married, Single or Widowed		Name of Wife or Husband August Davis					
Father's Name Adam Trust		Father's Birthplace Germany					
Mother's Maiden Name Anna F. Steumer		Mother's Birthplace Germany					
Name of person giving Information		August Davis				How related to deceased Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	12 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		David W. Jones	
		Address	
		3116 Edmond St	
Accident or Suicide			

Wendell Lippel & Son

37 S. Ann St.

Holy Redeemer Cmn.

Oct. 15th /09

Name
in
Full

Mrs Mary Delahay DELAHAY

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death		1909	Month Oct	Day 6	Age 72	Years	Months Days
Sex Female		Color or Race White		Birth-place Not Known			
Occupation None				Where Residing if not at place of death Deedersville			
Married, Single or Widowed		Name of Wife or Husband Not Known		Father's Name Taylor		Father's Birthplace Unknown	
Mother's Maiden Name Jane Hamilton		Name of person giving information Jesse S Delahay		Mother's Birthplace Ireland		How related to deceased Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Chronic Heart & Lungs	How long 16 days
Immediate	Myocardial infarction	How long 12 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Richard J. [Signature]
		Address Catonsville
Accident or Suicide?		

London Park Cem
Joseph B. Cook.

Name
in
Full

Harriet Buchanan Dugan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leicester</i>		County <i>Balto Co</i>		MARYLAND	
Date of death	1909	Month <i>Oct</i>	Day <i>13</i>	Age <i>76</i>	Years	Months <i>11</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Washington Co</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cumberland Dugan</i>					
Father's Name <i>James Anderson Buchanan</i>				Father's Birthplace <i>Washington Co</i>			
Mother's Maiden Name <i>Anna Maria Nelson</i>				Mother's Birthplace <i>Philadelphia</i>			
Name of person giving Information <i>Mary Grace Dugan</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>General debility -</i>	How long	<i>Four months</i>
Immediate	<i>Indigestion</i>	How long	<i>Three days</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>E. B. Nitton M.D.</i>	
		Address <i>1711 E. Balto. St.</i>	
Accident or Suicide			

Edgar B. Britton,
1711 E. Balt Street.

Name
in
Full

Charles Eckers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sherwood ^{Town} Balto. ^{County} **MARYLAND**

Date of death 1909 Oct. ^{Month} 4 ^{Day} Age 43 ^{Years} 9 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place Balto. Co.

Occupation Black smith Where Realding if not at place of death Sherwood

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Wm. Eckers Father's Birthplace Balto. Md.

Mother's Maiden Name Rachel Pocock Mother's Birthplace Md.

Name of person giving Information Sarah. M. Edward How related to deceased Sister

CAUSES OF DEATH

Primary Chronic Articular Rheumatism ^{How long} 12 years

Immediate Inanition ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. B. Johnson
Richter, Ind.

Accident or Suicide

John Burns Sons
Tavoy

Interment at
Sater's Cemetery
Chestnut Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} Balto.

Date of death 1907 Oct.

Day 15

Age 20

Months 9

Days 11

Sex Female

Color or Race

White

Birth-place

Wilmington, Del.

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Ernest C. Eiler

Father's Name

Herman Schlefeld

Father's Birthplace

Germany

Mother's Maiden Name

Don't know

Mother's Birthplace

Unknown

Name of person giving information

Ernest C. Eiler

How related to deceased

Husband

CAUSES OF DEATH

137

V

Primary

Septicemia (Puerperal)

How long

2 days

Immediate

Peritonitis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Luder, M.D.
3323 E. Balto. St.
Highlandtown, Md.

Accident or Suicide?

Cash Journal Cemetery.
Oct. 17th 1909.

W. Sander House.

W. Sander.

Name
in
Full

William Henry Euser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

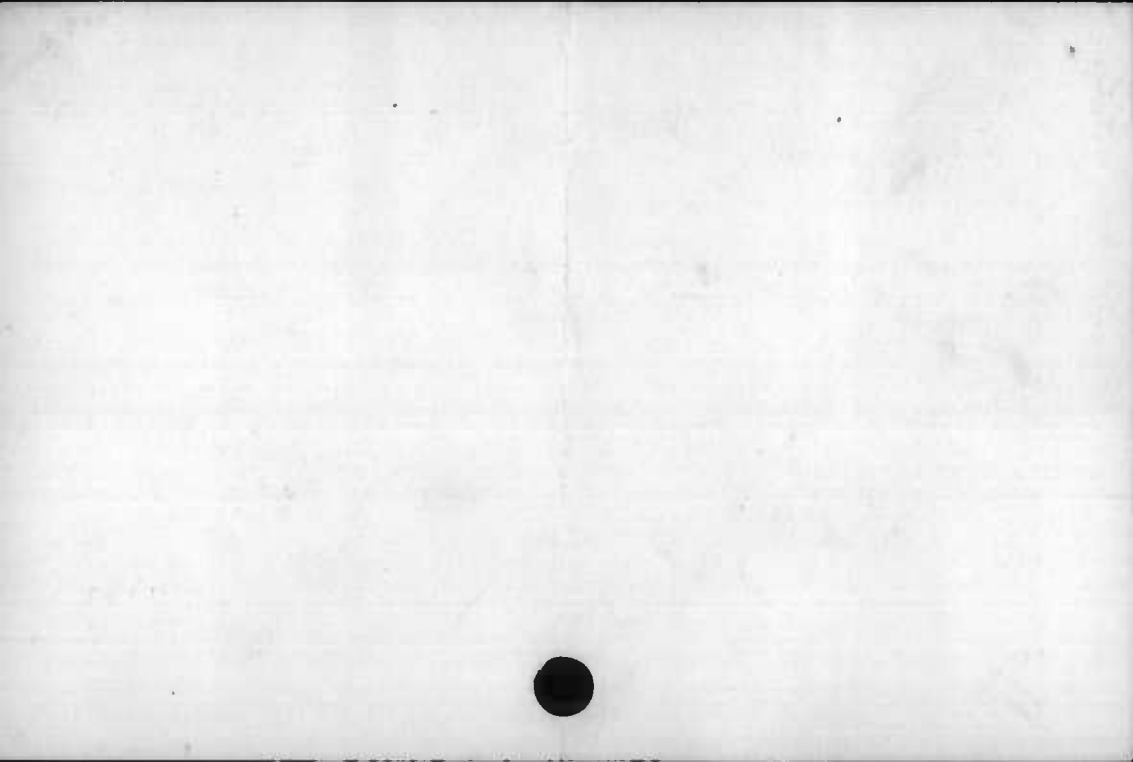
Died at		Town Glenore		County Baltimore		MARYLAND	
Date of death		1909	Month Oct	Day 20	Age 63	Years 6	Months 14
Sex Male		Color or Race White		Birth- place Baltimore, Md			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Emma C. Euser					
Father's Name William C. Euser		Father's Birthplace Baltimore, Md					
Mother's Maiden Name Elizabeth Chilesat		Mother's Birthplace Baltimore, Md					
Name of person giving In formation C. B. Euser		How related to deceased Son					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	3 weeks
Immediate	Pulmonary Edema	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. W. Shuman	
Address Glenore		Md	
Accident or Suicide?			



Name
in
Full

Jacob M. Eyles

CERTIFICATE OF DEATH

Died at *Arlington* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1909* ^{Month} *10* ^{Day} *3* Age ^{Years} *58* ^{Months} *11* ^{Days} *3*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Timber* Where Residing if not at place of death *Arlington Md*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Mary E. Stamps*

Father's Name *Geo. M. Eyles* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Stilly* Mother's Birthplace *Maryland*

Name of person giving information *Harry Eyles* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Carcinoma of Stomach* How long *8 1/2*

Immediate *Anemia* How long *10 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. A. Hardesty*

Address *Sta - Eyles
Baltimore*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. S. Marshall
3539 Fall Road

Oct 6 - 09

L. (Hawk Church.) Brucevills
Frederick Md

Name
in
Full

William Flora

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>28</u>	Age <u>37</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>Batts. Co. Alleshouse</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Joseph Flora</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <u>Syphilis</u>	How long <u>6 weeks</u>
Immediate <u>Acute Respiritis - Coma</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wilmer C. Enns M.D.</u>
	Address <u>Cockeysville Ind.</u>
Accident or Suicide? <u>No</u>	

Interment at County
Wm. Thorne Oct 29.

W. C. Proctor

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Francis
Died at *115 S. East Ave* Town *Baltimore* County
Date of death 190 *9* Month *10* Day *10* Age *—* Years Months *2* Days *6*
Sex *female* Color or Race *white* Birth-place *115 S East Ave*
Occupation *none* Where Residing if not at place of death *115 S East Ave*
Married, Single or Widowed *single* Name of Wife or Husband
Father's Name *Jas. J. Francis* Father's Birthplace *Baltimore*
Mother's Maiden Name *Saura Addison* Mother's Birthplace *Beth. Co.*
Name of person giving Information *Jas. J. Francis* How related to deceased *Father*
CAUSES OF DEATH (104) ✓

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *3 wks.*
Immediate *Acute Pyemia* How long *1/2 day.*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *F. W. Herrmann*
Address *315 C. Baltimore St.*
Accident or Suicide *X*



Name
in
Full

Anna Maud Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rogers Forge* Town *Baltimore* County, *MARYLAND*

Date of death 1909 *Oct* Month *10* Day Age *7* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Rogers Forge*

Occupation *Infant* Where Residing if not at place of death *Rogers Forge*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *R. O. Frank* Father's Birthplace *Maryland*

Mother's Maiden Name *Rachel Euser* Mother's Birthplace *Maryland*

Name of person giving Information *R. O. Frank* How related to deceased *Father*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *5 weeks*

Immediate *Exhaustion* How long *1 WEEK*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

E. H. Duncan
Gorantown

Accident or Suicide

Hias Cemetery

Name
in
Full

Robert Garrett Junior

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		near Roland Park		Town		Baltimore		County		MARYLAND	
Date of death		1909		Month		October		Day		6	
Age		1		Years		5		Months		6	
Sex		Male		Color or Race		White		Birth-place		Baltimore Co	
Occupation						Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> Widowed						Name of Wife or Husband					
Father's Name						Robert Garrett					
Father's Birthplace						Baltimore Co					
Mother's Maiden Name						Katherine Baker Johnson					
Mother's Birthplace						Baltimore City					
Name of person giving Information						Robert Garrett					
How related to deceased						father					

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary		Tuberculosis (Glandular)		How long		3 years	
Immediate		Meningitis		How long		3 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. M. W. Rowland	
Accident or Suicide				Address		1204 Madison Ave	

Funeral Directors

Henry W. Jenkins and Sons Co

Place of Burial Greenmount

Friday Oct 8th/09

Name
in
Full~~Gebre~~ Agnes Gebre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Leatonsville

Town

Baltimore

County

MARYLAND

Date

of death

190

9

Month

Oct

Day

30

Age

Years

65

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ohio

Occupation

Housewife

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of ~~wife~~ or
Husband

Robert Gebre

Father's
Name

unk

Father's
Birthplace

unk

Mother's
Maiden Name

unk

Mother's
Birthplace

unk

Name of person giving
Information

—

How related
to deceased

79 ✓

CAUSES OF DEATH

Primary

Terminal Dementia

How long

20 yrs

Immediate

Vascular Disease of Heart

How long

Fif minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Alfred Wade
Leatonsville, Md

Accident or Suicide

No

PHYSICIAN
OR CORONER

Chas E French
102 Madison Ave

Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Raspeburg</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 190 <i>9</i> <small>Month</small>	<i>Oct</i> <small>Day</small>	<i>28</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Raspeburg Ind.</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Christian Gephhardt</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Annie Neubauer</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Christian Gephhardt</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro-Enteric Intoxication</i>	<i>105</i> <small>How long</small>	<i>12 hours.</i>
Immediate <i>Pulmonary Edema</i>	<i>1</i> <small>How long</small>	<i>hour.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. L. Wilkinson</i>	Address <i>Raspeburg Ind.</i>
<i>Yes</i>		
Accident or Suicide <i>neither.</i>		

Fredk Gassman & Sons
Jerusalem Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Keith H. Gibson

Baltimore

MARYLAND

Died at

Arlington

Date
of death

1909

Month

10

Day

10

Age

Years

Months

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Maryland,

Occupation

Where Residing if not
at place of death

Arlington Md,

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo. G. Gibson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Angie Smith

Mother's
Birthplace

Maryland

Name of person giving
Information

Geo. G. Gibson

How related
to deceased

Factor.

CAUSES OF DEATH

Primary

Unknown

How long

16 days

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. A. Hagood
Station E
City

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. S. Marshall

3839 Falls Road

Oct 11-1909

Danuid Ridge &

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Sidney Mary Giles

Town

County

Died at

Patapsco Neck

Baltimore

MARYLAND

Date

of death 1909

Month

Oct

Day

26

Age

Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore Co

Occupation

None

Where Residing if not
at place of death

Patapsco Neck

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Sidney Giles

Father's
Birthplace

Va

Mother's
Maiden Name

Mary Brown

Mother's
Birthplace

City

Name of person giving
Information

Sidney Giles

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the names, age, sex, color, date
and place correctly given above?Signature of
Physician

Mrs Jepp Midwife

Address

North Point Road
Baltimore Co.

Accident or Suicide

PHYSICIAN
OR CORONER

Asbury Cem

Oct 27th 1909

W. Nicolaus & son
1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sam'l. J. Green* County *Baltimore* Maryland
 Died at *Edgemoor* Month *Oct.* Day *11* Age *—* Years *—* Months *3* Days *—*
 Date of death 190 *by elect.*
 Sex *Male* Color or Race *Black.* Birth-place *Edgemoor*
 Occupation *None* Where Residing if not at place of death *Edgemoor*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

104

Primary

How long

Immediate

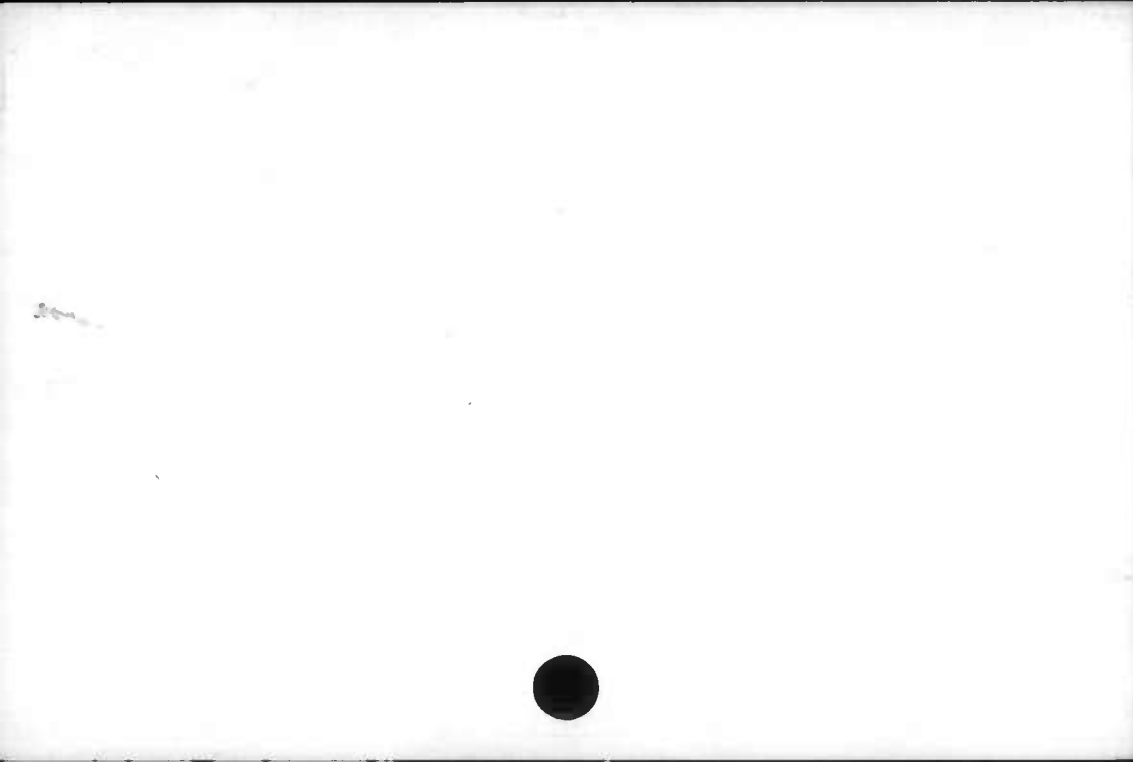
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name in Full		Lilly A. Griesener				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Relay		County		BALT							
	Date of death	1909	Month	Oct	Day	9	Age	Years	20	Months	2	Days	5
	Sex	female		Color or Race		White		Birth-place		Alberton, Md			
	Occupation	at Home				Where Residing if not at place of death							
	Married, Single or Widowed	single		Name of Wife or Husband		single							
	Father's Name	Henry Griesener						Father's Birthplace		Balt Md			
	Mother's Maiden Name	Sally Young						Mother's Birthplace		unk			
Name of person giving information	May Griesener						How related to deceased		adopts Sister				
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis						How long		4 months			
	Immediate	Exhaustion						How long		1 week			
	Are the name, age, sex, color, date and place correctly given above?						yes		Signature of Physician		Frank H. Pugh		
	Accident or Suicide?						no		Address		Lansdown, Balt Co. Md		

Jos. B. Cook

Western
Cemetery

Name
in
Full

Eliza Caroline Hammett
Town Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Died at Roland Park Baltimore

Date of death 1909 Oct 10 Age 76 Months 1 Days 3

Sex Female Color or Race White Birth-place Baltimore Md.

Occupation None Where Residing if not at place of death Roland Park Md.

Married, Single or Widowed Widowed Name of late Husband Henry Hammett

Father's Name Thomas J. Townsend Father's Birthplace Balto Md.

Mother's Maiden Name Mary Ann Switzer Mother's Birthplace " "

Name of person giving Information Mrs. H. H. H. How related to deceased Daughter

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage How long 22 months

Immediate Cerebral Hemorrhage - Exhaustion How long 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. Gibson Porter Address Roland Park Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Place of burial, Loudon Park Cemetery,

Undertaker, Henry W. Mears & Son,

Name
in
Full

Hammora Hansen

CERTIFICATE OF DEATH

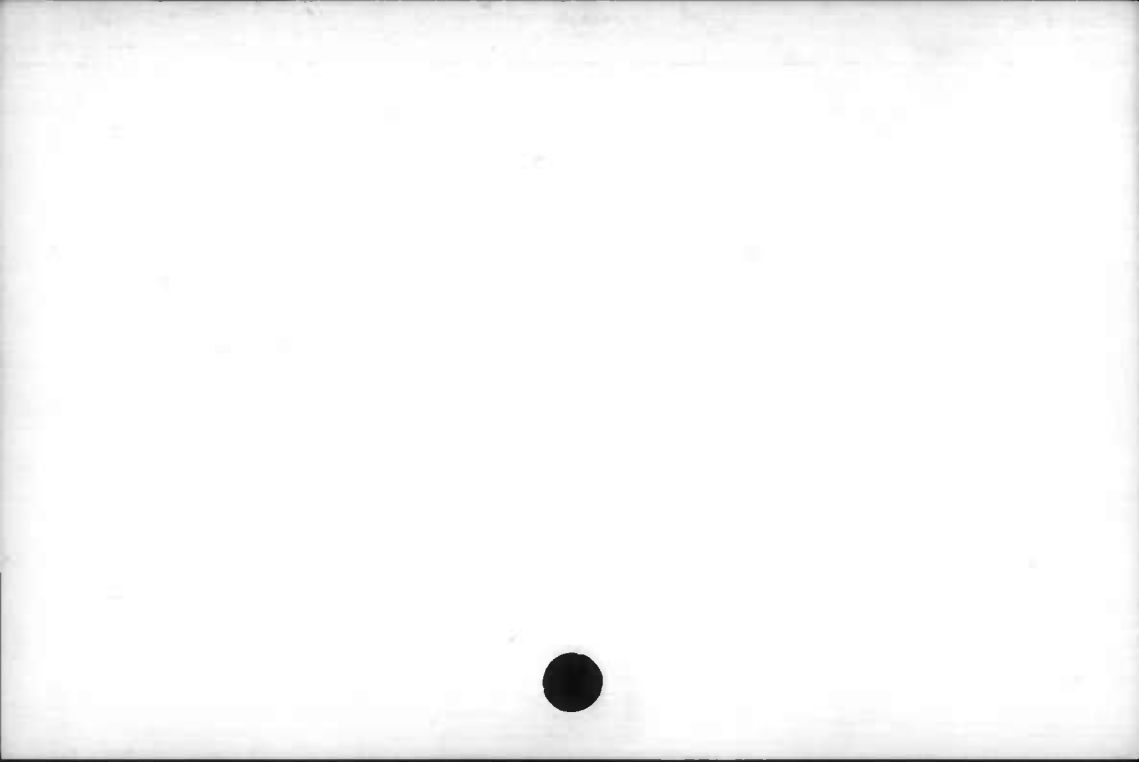
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND	
Date of death		Month 1909 Oct	Day 27	Age 73	Months not known	Days not known	
Sex Female		Color or Race White		Birth place Inland.			
Occupation Housewife				Where Residing if not at place of death Baltimore Md -			
Married, Single or Widowed		Widowed		Name of Wife or Husband		not known	
Father's Name				Father's Birthplace			
not known				not known			
Mother's Maiden Name				Mother's Birthplace			
" "				" "			
Name of person giving Information				How related to deceased			
Recds Mt Hope Retreat				not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Mania -	How long	over 3 yrs
Immediate	Ex. Post Paralysis	How long	abt one year
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retreat	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Henry Heigler*
 Died at *Halls Road* Town *Washington* County *Dalles*

MARYLAND

Date of death *1909 Oct 8* Month *Oct* Day *8* Age *—* Years *—* Months *8* Days *—*
 Sex *Male* Color or Race *White* Birth-place *Dalles*
 Occupation *—* Where Residing if not at place of death *Halls Road Washington*
 Married, Single or Widowed *Single* Name of Wife or Husband *Josephine Heigler*
 Father's Name *Henry Heigler* Father's Birthplace *Dalles*
 Mother's Maiden Name *Josephine Heigler* Mother's Birthplace *—*
 Name of person giving information *Mrs. Heigler* How related to deceased *Mother*

CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary

Enteritis + Marasmus

How long

3 mth

Immediate

Cardiac Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. L. Tumbleson M.D.

Address

*2013 Bank St
3615*

Accident or Suicide?

Patience
Lumley
Rt. Thorne
undertaker

Wolfe 1374
1 815 W

Name
in
Full

Thomas Hessian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Timonium ^{Town} Balto. Co. ^{County} **MARYLAND**

Date of death 1909 ^{Month} Oct ^{Day} 4 ^{Years} 85 ^{Months} — ^{Days} —

Sex Male Color or Race White Birthplace Ireland

Occupation Labor Where Residing if not at place of death Timonium

Married, Single or Widowed Widower Name of Wife or Husband Mary Hessian

Father's Name Patrick Hessian Father's Birthplace Ireland

Mother's Maiden Name Mary Naughton Mother's Birthplace Ireland

Name of person giving Information Mrs Mary Kelley How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paraplegia Left How long 57 yr.

Immediate Serious cardiac failure How long Seven months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician B. H. O'Curry

Address Texas Md

Accident or Suicide ☒

John Burns Sons
Touson

Interment in
St. Joseph. Cem.
Texas

Name
in
Full

Franks Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i>		Town		<i>Bulls</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>9</i>		Age <i>47</i>		Years <i>47</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months		Days	
Occupation <i>Ag 7th Md RR</i>		Where Residing if not at place of death <i>Thurmont. Md</i>		Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Mrs Melba M Henson</i>			
Father's Name <i>Joseph A Henson</i>		Father's Birthplace <i>Md</i>		Mother's Maiden Name <i>Cassandra Favorite</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Walter Henson</i>		How related to deceased <i>Wife</i>							

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>		How long <i>one week</i>	
Immediate <i>Hypertension Congestive</i>		How long <i>two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William F. Henson MD</i>	
Address <i>Catonville Md</i>			
Accident or Suicide <i>No</i>			

W. Maurice Rontson
Hammont Ind.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Jane Lipton Sticks*
Catonville ^{Town} *Balto* ^{County}Date of death *1909* ^{Month} *Oct* ^{Day} *11* ^{Years} *85* ^{Months} *10* ^{Days} *16*Sex *Female* Color or Race *White* Birth-place *Balto Co*Occupation *Invalid* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Chas Sticks*Father's Name *Wm Lipton* Father's Birthplace *Balto Co*Mother's Maiden Name *Mrs. Lipton* Mother's Birthplace *Balto Co*Name of person giving information *Mrs. Lipton* How related to deceased *Saughter*

CAUSES OF DEATH

79

Primary *Valvular disease of heart* How long *16 months*Immediate *Pulmonary oedema* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo. T. Shower, M.D.*Address *421 Roland Ave.**Balt. Md.*Accident or Suicide? *No*PHYSICIAN
OR CORONER

Loudon Park -
A.S. Marshall
Oct 13 - 1909

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George David Kenston*

Town *Washington* County *Baltimore*

Died at *Washington*

Date of death 190*9* Month *Oct.* Day *15* Age *0.* Months *1.* Days *22*

Sex *male* Color or Race *white* Birth-place *Baltimore Md.*

Occupation _____ Where Residing if not at place of death *Ypsil. Berms*

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *George Russell Kenston* Father's Birthplace *Pa*

Mother's Maiden Name *Lillie Buel de Vries* Mother's Birthplace *Lutherville Md*

Name of person giving Information *Mrs. Samuel A. de Vries* How related to deceased *Grand mother*

CAUSES OF DEATH

151

Primary *Mal-nutrition* How long *life*

Immediate *Asthenia* How long *life*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *William J. Ford*

Address *Washington Md*

Twin brother died Accident or Suicide *Oct 17. 1909.*

PHYSICIAN
OR CORONER

A S Marshall
Oct. 16 - 1909
Jabez Church -

Name

in
Full

Dr Felix Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson Town Baltimore County MARYLAND

Date of death 1909 Oct. Month Saturday Day 9 Age 82 Years 11 Months 29 Days

Sex Male Color or Race White Birth-place Baltimore

Occupation Physician Where Residing if not at place of death

~~Married, Single~~ ~~Widowed~~ Name of Wife or Husband Mrs Nancy Jenkins

Father's Name Felix Jenkins Father's Birthplace Baltimore Md

Mother's Maiden Name Fannie H. Wheeler Mother's Birthplace Roxbury Conn Ct

Name of person giving information Fanny Jenkins Hughes How related to deceased Daughter

(Mrs J. J.)

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Myocarditis and General debility How long 18 Months

Immediate Cardiac Asthenia How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Royce L. Green U.S.D.
Towson
Md.

Accident or Suicide?

W. M. Jenkins & Sons Co
S. E. Cor. McCallister & Archard
- New Cathedral Bldg -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leatonsville</i>		County <i>Patterson</i>		MARYLAND	
Date of death	190 <i>9</i> Oct	Day <i>31</i>	Age <i>58</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Col'd</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labrer</i>	Where Residing if not at place of death		<i>X</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Link</i>				
Father's Name <i>Link</i>	Father's Birthplace <i>Link</i>				
Mother's Maiden Name <i>Link</i>	Mother's Birthplace <i>Link</i>				
Name of person giving Information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

(67)

✓

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Leatonsville</i>
Accident or Suicide <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Annie Elizabeth Jones

Died at #101 York Road, Towson, Baltimore County

MARYLAND

Date of death 1909 October Tues. Oct. 26th Age 62 Months 10 Days 1

Sex Female Color or Race White Birth-place Stephens City Va.

Occupation None Where Residing if not at place of death Towson Md.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John Williams Jones Father's Birthplace Woodstock Va.

Mother's Maiden Name Elizabeth W. Chipley Mother's Birthplace Woodstock Va.

Name of person giving information Miss Dallis Jones How related to deceased Sister

CAUSES OF DEATH

Primary Carcinoma of Liver. How long 10 months

Immediate Exhaustion from marasmus How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician M. Gibson Porter

Address Roland Park Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns Sons
Touson

Interment at
Prospect Hill
Cemetery

5140000
P. 11/10/04

Name
in
Full

Edith Jones

CERTIFICATE OF DEATH

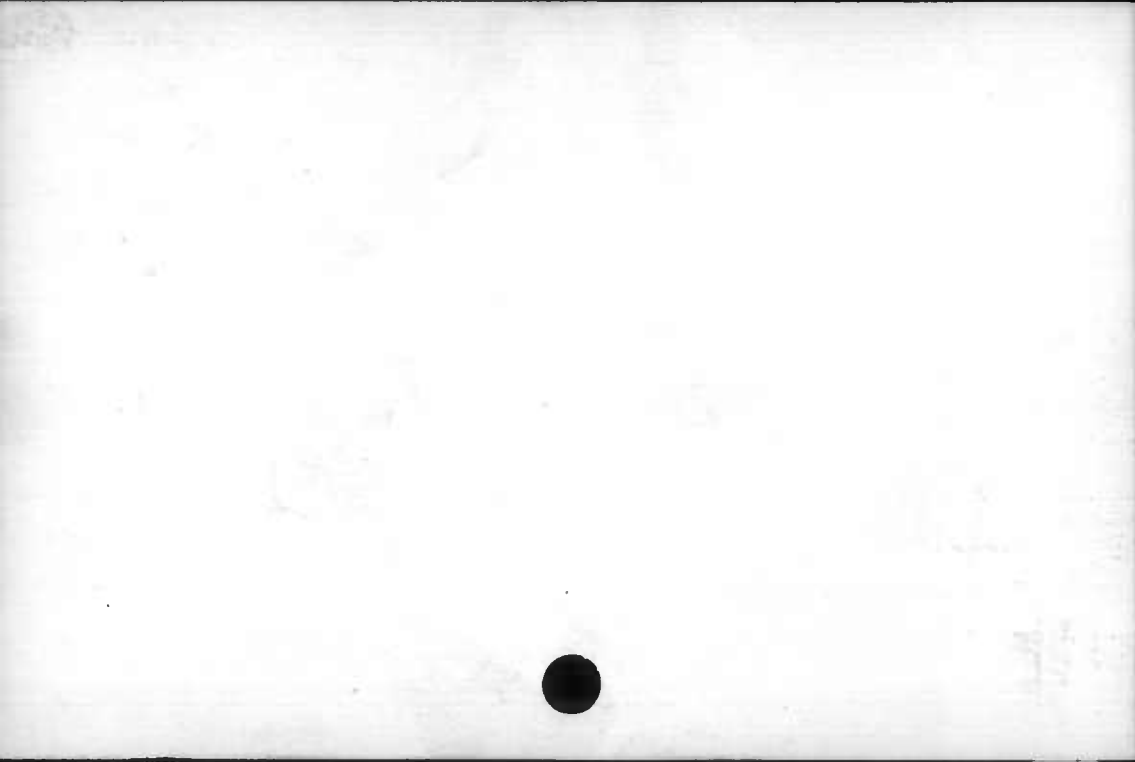
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Pt.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Oct.	10	1	7	20
Sex	Color or Race		Birth-place		
Female	Col.		<i>Sparrow's Pt.</i>		
Occupation	Where Residing if not at place of death				
<i>none</i>	<i>Sparrow's Pt.</i>				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Father's Birthplace				
<i>Chas. A. Jones</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Gertrude Ford</i>	<i>Maryland</i>				
Name of person giving Information	How related to deceased				
<i>Chas. A. Jones</i>	<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. C. Peltekian M.D.</i>
		Address	<i>Sparrow's Pt. Md.</i>
Accident or Suicide			



Name
in
Full

Larry Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

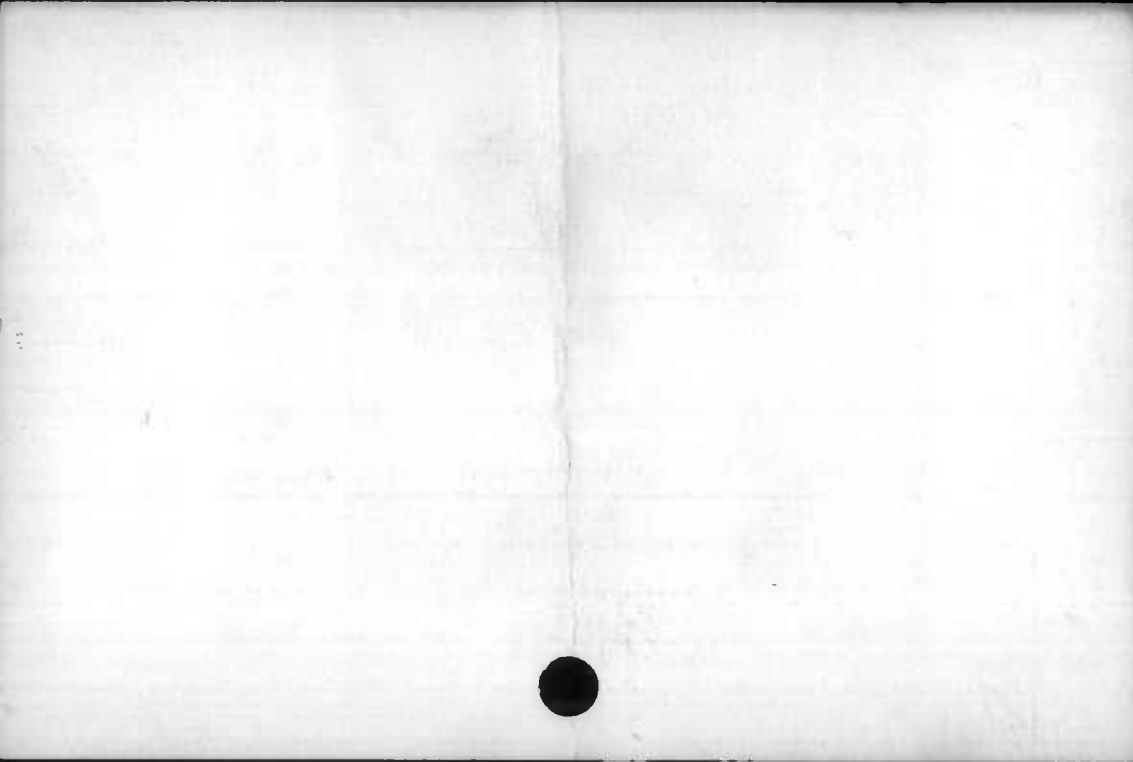
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	22			Four	
Sex	Male		Color or Race	White		Birth-place	Sweet Air
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Powel Kennedy		Father's Birthplace		
Mother's Maiden Name			Amelia Albright		Mother's Birthplace		
Name of person giving information			Harry Hurline		How related to deceased		
					None		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro Intestinal Catarrh	How long	Four weeks
Immediate	Hepatitis	How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John S. Green	
		Address	
		Hillings	
		Md.	
Accident or Suicide?		10	



Name
in
Full

Anna Catherine King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

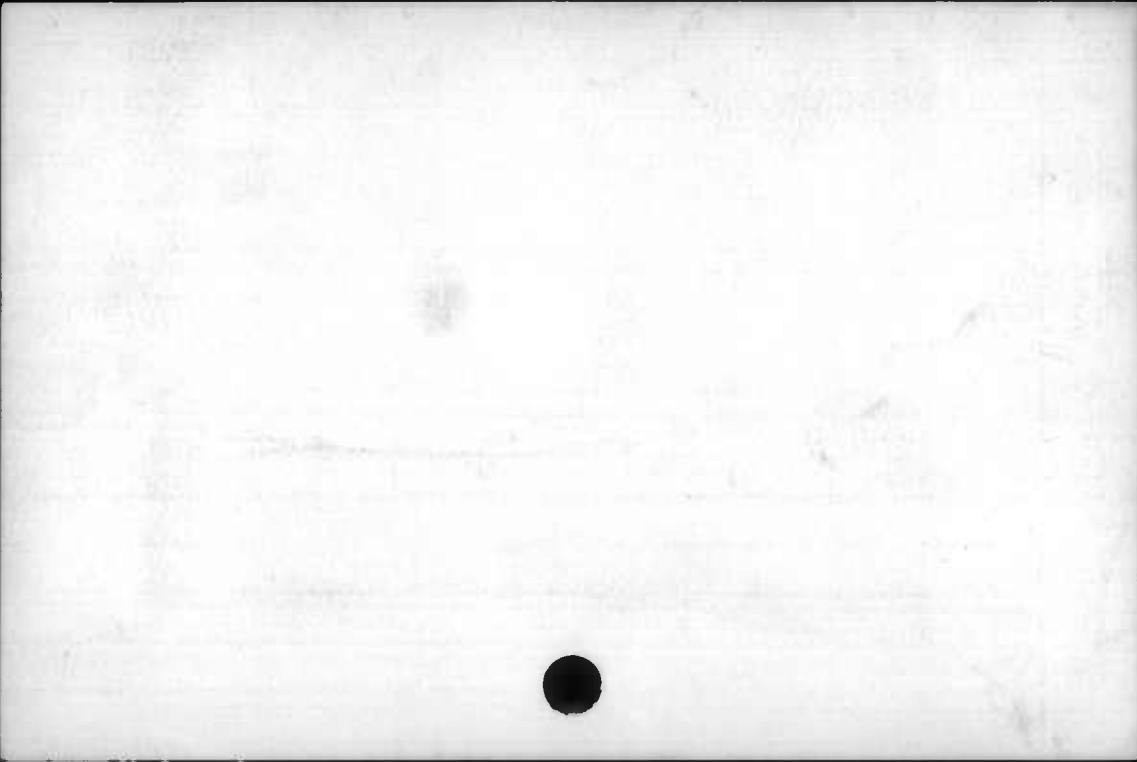
Died at		Town Pleasant Grove		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		10	31	76			
Sex		Color or Race		Birth-place			
Female -		White		Germany			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Widow of		Frederick King			
Father's Name		Father's Birthplace					
Unknown -		Germany					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Germany					
Name of person giving information				How related to deceased			
Frank King				Son			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease	How long	
Immediate	Heart trouble -	How long	6 weeks -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jas. H. Wilson M.D.	
Address		Fourblueburg, Maryland	



Name
in
Full

CERTIFICATE OF DEATH

Marie F. Latz

Town

County

MARYLAND

Died at Highlandtown Balto.

Date

of death

1909 Oct.

Day

8

Age

Years

1

Months

6

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing ~~if not~~
at place of death

717 S. Bouldin St

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Latz

Father's
Birthplace

Germany

Mother's
Maiden Name

Anna M. Kleeber

Mother's
Birthplace

" " "

Name of person giving
Information

William Latz

How related
to deceased

Father

CAUSES OF DEATH

92

✓

Primary

Broncho Pneumonia

How long

5 days

Immediate

Toxemia -

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. J. Meany M.D.
839 S. Canton St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

Oct. 10th 1909

Lilly and Geiler

Undertakers

Name

in
Full

CERTIFICATE OF DEATH

Albert Levy

Town

County

MARYLAND

Died at *Timber**Baltimore*

Date

of death

190

Month

Oct

Day

28

Age

Years

50

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Butcher*Where Residing if not
a place of death*107 N Howard St*Married, ~~Single~~
or Widowed*Married*Name of Wife or
Husband*Emma Levy*Father's
Name*Do not know*Father's
Birthplace*Germany*Mother's
Maiden NameMother's
BirthplaceName of person giving
information*Jacob Levy*How related
to deceased*none*

CAUSES OF DEATH

178

Primary

Heart Failure

How long

Immediate

Sudden death.

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

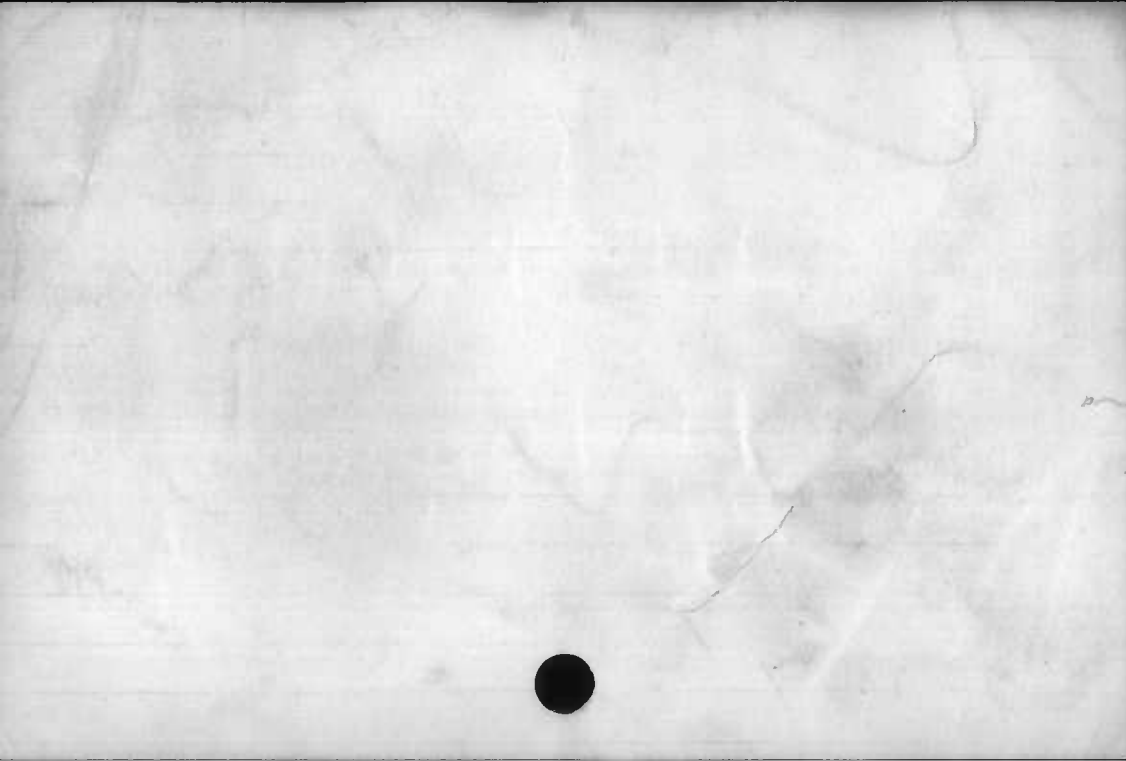
Address

*Richard A. Bevan, M.D.**Acting Coroner**Adington Battle Co*

Accident or Suicide?

LIBRARY BUREAU 488616

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Gertrude A. Sundner Town Howard County Baltimore MARYLAND

Died at Howard Baltimore

Date of death 1909 Month 10 Day 18 Age 13 Years Months Days

Sex Female Color or Race white Birth-place Baltimore

Occupation School-girl Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles H. Sundner Father's Birthplace Baltimore

Mother's Maiden Name Matilda Jaeger Mother's Birthplace Baltimore

Name of person giving Information Katherine Sundner How related to deceased sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lymphoid Tumor How long 75 days

Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Henry A. Naylor

Address Pikesville

Accident or Suicide —



Name
in
Full

Mary A. Litchfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u> ^{Town}		<u>Belt</u> ^{County}		MARYLAND	
Date of death	1909	Month	Oct.	Day	8
Age	66	Years		Months	
Sex	female	Color or Race	White	Birth-place	Howard Co Md.
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>William H. Litchfield</u>				
Father's Name	<u>Joahua</u>	<u>Bounds</u>	Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Sewell</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>John</u>	<u>T. Litchfield</u>	How related to deceased	<u>Son</u>	

CAUSES OF DEATH

Primary	<u>Hypertrophic Cirrhosis</u>	How long	<u>1 year</u>
Immediate	<u>Typhoid fever & Exhaustion</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Frank H. Ruhl</u>	

Address

Lansdowne - Belt Co.
Md.

Accident or Suicide?

Andrew Pohde & Son

Savage
Howard Co

Ind

Name
in
Full

Fredrick L Lohmyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

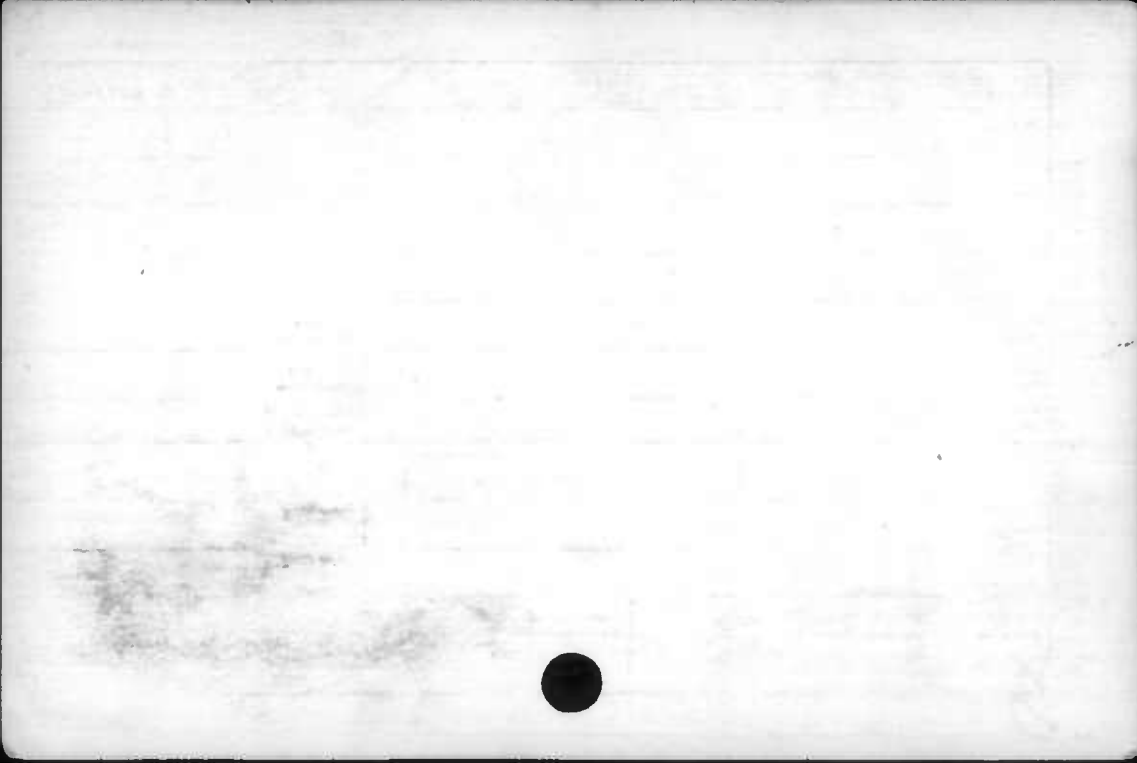
Died at <i>Delight</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Oct</i>	Day <i>27</i>	Age <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. co. Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry Lohmyer</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Sharlett Beck</i>	Mother's Birthplace <i>Balto co Md</i>				
Name of person giving Information <i>Henry Lohmyer</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 mos</i>
Immediate <i>Marasmus</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Lohmyer</i>
<i>8</i>	Address <i>Reisterstown Md</i>
Accident or Suicide	



Name
in
Full

Fenton S. Lydcker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

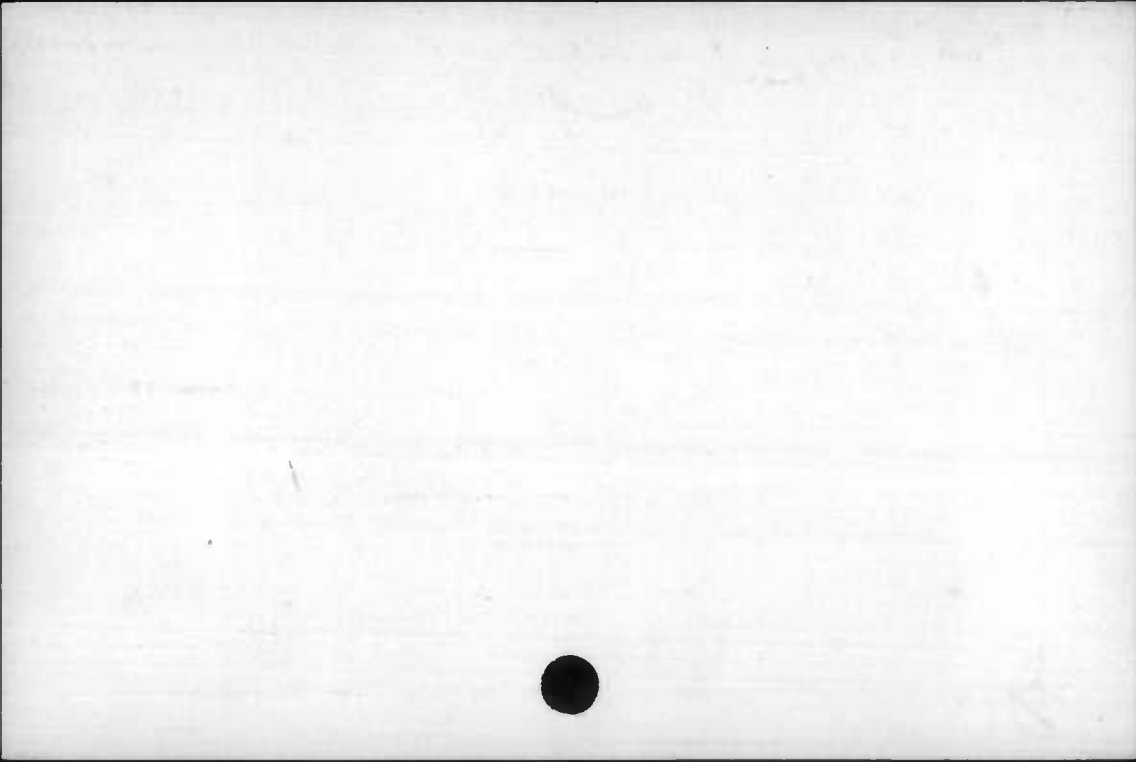
Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct.</i>	Day <i>7</i>	Years <i>87</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White-</i>		Birth-place <i>New York</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Lydcker</i>				Father's Birthplace <i>New York</i>			
Mother's Maiden Name <i>Maria Smith</i>				Mother's Birthplace <i>New York</i>			
Name of person giving information <i>Wm S. Lydcker</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>5 years +</i>
Immediate <i>Semilit</i>	How long <i>6 mos +</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Allen Graham M.D.</i>
<i>No</i>	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name in Full		George Ellsworth McClain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highland		County Baltimore		MARYLAND	
	Date of death	1909	Month Oct	Day 24	Age	Years 3	Months 16
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Samuel R. McClain				Father's Birthplace	Maryland
	Mother's Maiden Name	Amelia Hildebrand				Mother's Birthplace	Maryland
Name of person giving information	Samuel R. McClain				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(92) ✓</div>							
PHYSICIAN OR CORONER	Primary	Pneumo-Pneumonia				How long	10 days
	Immediate	Pulmonary Edema				How long	2 hrs.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Eugene Spessagno
						Address	2214 E. Balto St
Accident or Suicide?		Neither					

Oak Lawn Conn.

Oct. 26/09
H. Sander Hous

Dr. P. Sander
2314 E. 14th St.

Name
in
Full

Hamish McDonald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Orkington* Town *Bacton* County *MARYLAND*

Date of death *1909* Month *10* Day *18* Age *59* Years Months *7* Days *8*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *N. N.* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Michael McDonald*

Father's Name *Adam Sullivan* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary* Mother's Birthplace *Ireland*

Name of person giving Information *Mrs. Crony* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Pneumonia* How long *90* ☒ Week

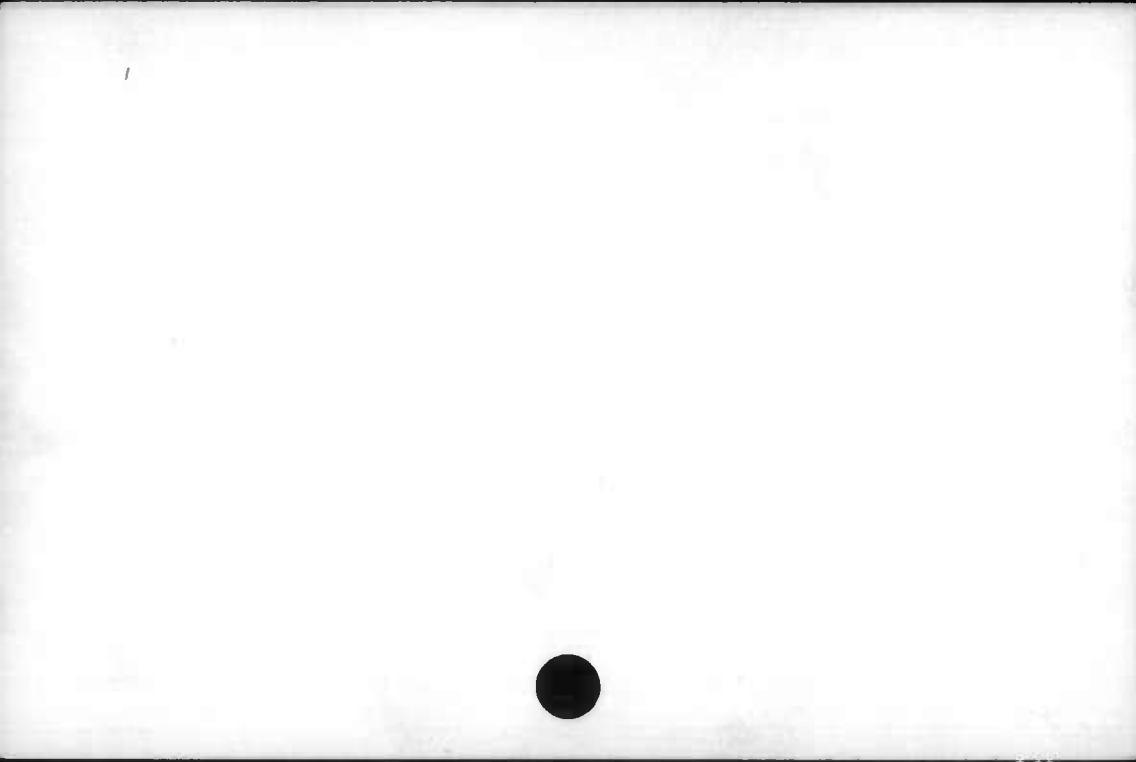
Immediate *Bronchopneumonia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. F. Macdonald*

Address *Sta E. City*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Edith M. Kinn

Town

County

MARYLAND

Died at

Spinnis Point

Date

of death

1904 Oct 15

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Spinnis Point

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edmond M. Kinn

Father's
Birthplace

Va

Mother's
Maiden Name

Blanche Jones

Mother's
Birthplace

Va

Name of person giving
Information

Edmond M. Kinn

How related
to deceased

Sister

CAUSES OF DEATH

151

Primary

Pneumonia & flu

How long

7 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. B. Eldredge
Spinnis Point
Md

~~Accident or Suicide~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Alban Matthes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Levensville		Ortels		MARYLAND	
	Date of death	1909	Oct	1	Age	43	Months Days
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Confectioner		Where Residing if not at place of death 1501 N. Regester St. Balt. Md			
	Married, Single or Widowed	Married		Name of Wife or Husband Elizabeth Matthes			
	Father's Name	Johan. Dofres Matthes				Father's Birthplace	Germany
	Mother's Maiden Name	Johanna M. Krug				Mother's Birthplace	Germany
Name of person giving information	Elizabeth Matthes				How related to deceased	Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(67) ✓</div>							
PHYSICIAN OR CORONER	Primary	General Paresis				How long	2 yrs
	Immediate	Cerebral Effusion				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. Grey Nade	
	<input checked="" type="checkbox"/> No				Address	Levensville, Md	
Accident or Suicide? <input checked="" type="checkbox"/> No							

Baltimore Cemetery
October 1909
Christian Miller
2334 Jefferson St

Name in Full		Vinceslava Meruna				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Baltimore		MARYLAND	
	Date of death	1909	Month Oct.	Day 1	Age —	Years —	Months —
	Sex Female		Color or Race White		Birth-place Highlandtown		
	Occupation —				Where Residing if not at place of death —		
	Married, Single or Widowed —		Name of Wife or Husband —				
	Father's Name Frank Meruna				Father's Birthplace Bohemia		
Mother's Maiden Name Helena Sretak				Mother's Birthplace H.C.			
Name of person giving information Helena Meruna				How related to deceased Mother			
<div>CAUSES OF DEATH</div> <div>151 ✓</div>							
PHYSICIAN OR CORONER	Primary Marasmus				How long Don't know		
	Immediate				How long Grows		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician V. J. Suder MD		
	<div>8</div>				Address 352 3/4 E. Baltimore		
<div>Accident or Suicide?</div> <div>12</div>							

Oak Hill Cemetery

Oct 4/09

Frank Crach and Son

500 S Fifth St

Name
in
Full

Otto George Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Agnes Hosp.**Balto. Md.* CountyDate of death *1909 Oct.*

Day

Age *20*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore*

Occupation

*Bookkeeper*Where Residing if not
at place of death*100 Stafford St*Married, Single
or Widowed*Single*Name of Wife or
Husband*_____*Father's
Name*Otto Michael*Father's
Birthplace*Germany*Mother's
Maiden Name*Minnie Mobius*Mother's
Birthplace*Germany*Name of person giving
In formation*Minnie Michael*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks.

Immediate

perforation intestine - operation.

How long

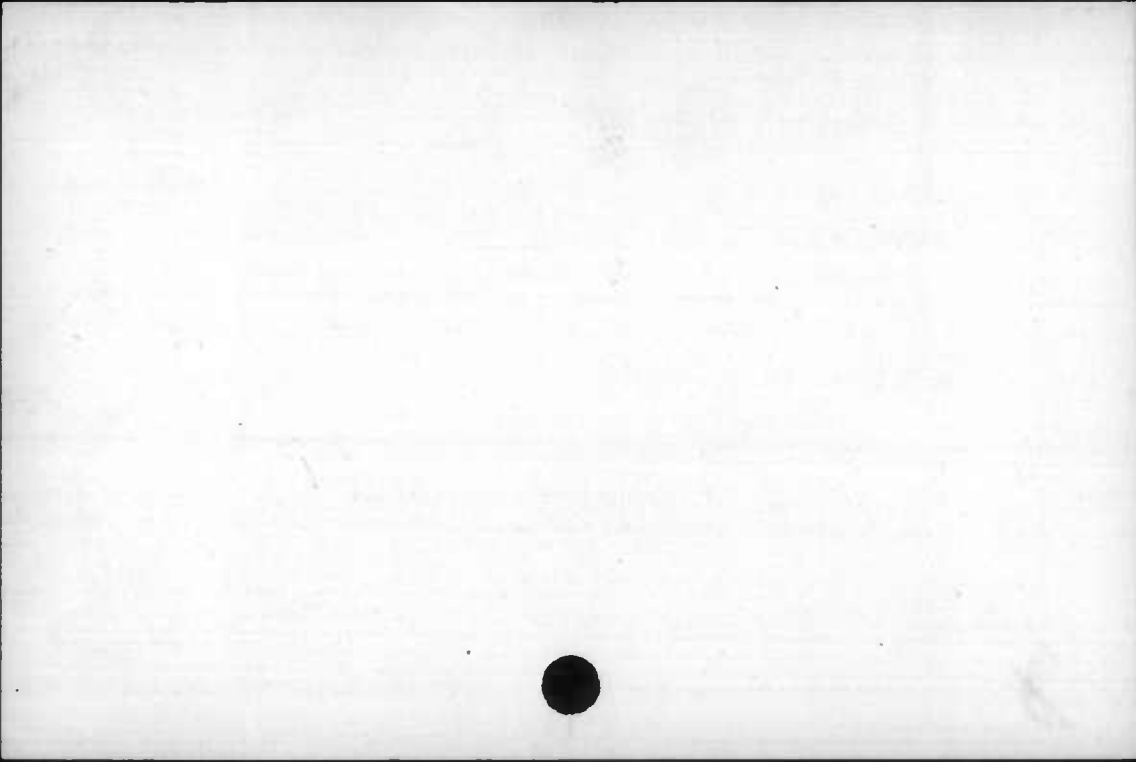
*20 hrs.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Fred Y. Cronk.*

Address

*St Agnes Hospital
Baltimore*

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Robert J. Miller*

Died at *Cockeysville* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death 190 *9* ^{Month} *Oct* ^{Day} *4* ^{Years} *7-2* ^{Months} ^{Days}

Sex *Male* Color or Race *white* Birth-place *Baltimore*

Occupation *Insurance* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Married* Name of Wife or Husband *Mayda H. Miller*

Father's Name *William Miller* Father's Birthplace *Carlisle Pa*

Mother's Maiden Name *Anna Stoeffler* Mother's Birthplace *Pa*

Name of person giving information *Robert J. Miller Jr.* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dilated Heart* 79 ^{How long} *2 years* ✓

Immediate *Pulmonary edema* ^{How long} *8 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. H. Pearce

Address

*2105 N. Charles St
Baltimore Md*

Accident or Suicide?

Henry H. Johnston & Sons Co.

Oct 6 = 1909

Isleumount Lem Ball.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Un-named infant		Mittel		Baltimore		MARYLAND	
Died at		Gorsuch		County		Baltimore	
Date of death		1909 Oct.		18		Age	
Sex		Male		Color or Race		White	
Occupation		None		Birth-place		Gorsuch	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Charles G. Mittel				Father's Birthplace	
Mother's Maiden Name		Helfin Mary Reeves				Mother's Birthplace	
Name of person giving information		Charles G. Mittel				How related to deceased	
						Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Acute Pneumonia	How long	one day.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
J		Stewartstown, Pa.	
Accident or Suicide?			



Name
in Full~~Monett~~ Zachariah Monett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

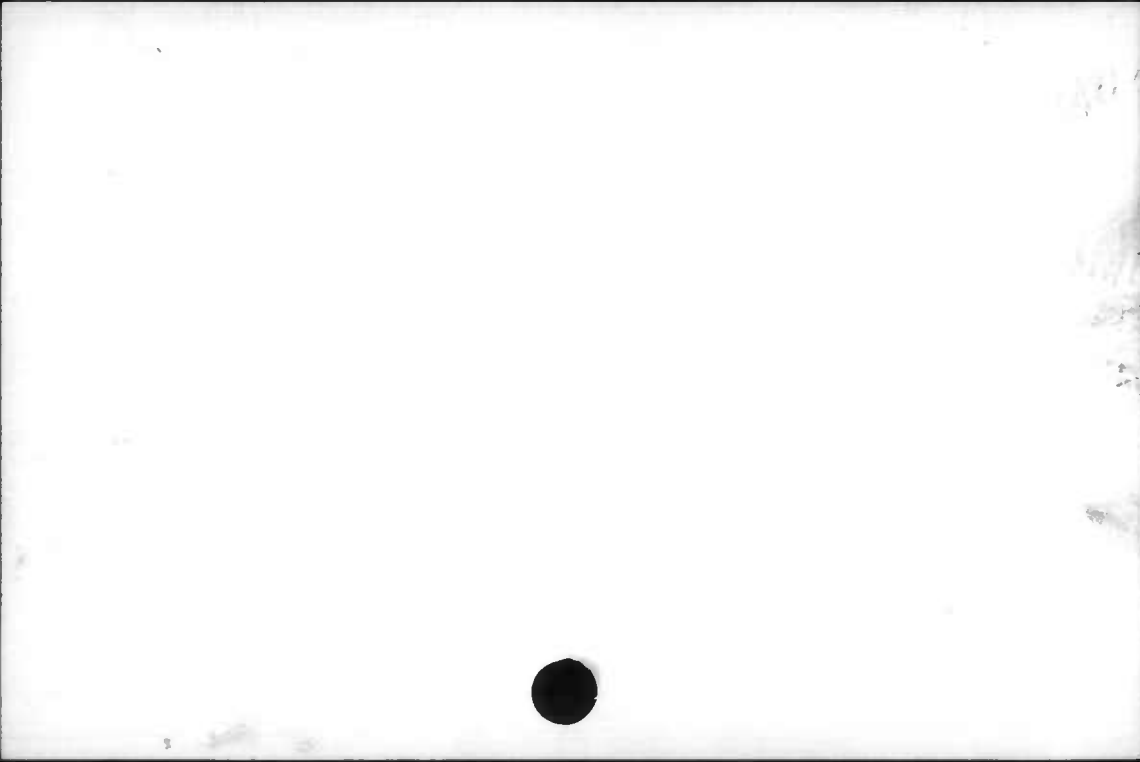
Died at <u>Leontsville</u> ^{Town} <u>Batto.</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month} <u>Oct</u> ^{Day}	Age	<u>34</u> ^{Years}
Sex	<u>Male</u>	Color or Race	<u>white</u>
Occupation	<u>Laborer</u>	Birth-place	<u>Maryland</u>
Married, Single or Widowed <u>Single</u>		Where Residing if not at place of death <u>X</u>	
Father's Name	<u>unk</u>	Father's Birthplace	<u>unk</u>
Mother's Maiden Name	<u>unk</u>	Mother's Birthplace	<u>unk.</u>
Name of person giving Information <u>✓</u>		How related to deceased <u>✓</u>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>Chronic Mania</u>	How long	<u>1 yr</u>
Immediate	<u>Exhaustion from Bright Disease</u>	How long	<u>2 mos.</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>		Signature of Physician	<u>J. Perry Wade</u>
Accident or Suicide <u>No.</u>		Address	<u>Leontsville, Md.</u>

120



Name
in
Full

Maurita Randolph Moore

CERTIFICATE OF DEATH

MARYLAND

Died at

Cuthington

Bates

Date

of death

1909

Month

10

Day

11

Age

Years

94

Months

3

Days

7

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

H. H.

Where Residing if not
at place of death

Arlington Rd.

~~Married, Single~~
Widowed

Widow

Name of ~~Wife~~ or
Husband

George W. Moore

Father's
Name

Alexander Horison

Father's
Birthplace

Virginia

Mother's
Maiden Name

Amy Garland

Mother's
Birthplace

Virginia

Name of person giving
Information

Harry L. Tidwood

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Anxiety

Immediate

Anxiety

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. A. Tidwood,
St. E.

Accident or Suicide

How long

How long

4 days

Place of burial, Greenmount Cemetery.

Undertakers, Henry W. Mears & Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Carl Johann Heinrich Nitzel
Roland Park BaltimoreDate
of death

1909 Oct

Day

21

Age

Years

79

Months

2

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Magdeburg Germany

Occupation

Banker

Where Residing if not
at place of death

Roland Park

Married, Single
or Widowed

Married

Name of Wife or
~~Husband~~

Elizabeth Bornemann (Nitzel)

Father's
Name

Johann Heinrich Nitzel

Father's
Birthplace

Germany

Mother's
Maiden Name

Dorothea Schneider

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Carl J. H. Nitzel

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Senile Arterio-Sclerosis

How long

(64) ✓

Immediate

Cerebral Hemorrhage

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

M. Gibson Porlier
Roland Park, Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

Newport's Sons, Co
Funeral directors
London Park
Funeral Oct 23rd 1909 2 P.M.

Name
in
Full

Charles Bernard Hoffmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockeysville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>Oct</i> ^{Month}	<i>7</i> ^{Day}	Age <i>44</i> ^{Years}	<i>1</i> ^{Months} <i>8</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cherry Hill, Md</i>		
Occupation <i>Salvage-Keeper</i>	Where Residing if not at place of death <i>in</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine E Hoffmeyer</i>				
Father's Name <i>Leirad Hoffmeyer</i>	Father's Birthplace <i>Barona</i>				
Mother's Maiden Name <i>Margaret Gumbert</i>	Mother's Birthplace <i>Barona</i>				
Name of person giving information <i>Wm Catherine Hoffmeyer</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 Months</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. M. Benson</i>
<i>8</i>	Address <i>Cockeysville Md</i>
Accident or Suicide?	

Funeral at Jaffa, Monday

11⁴²
11⁴¹

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

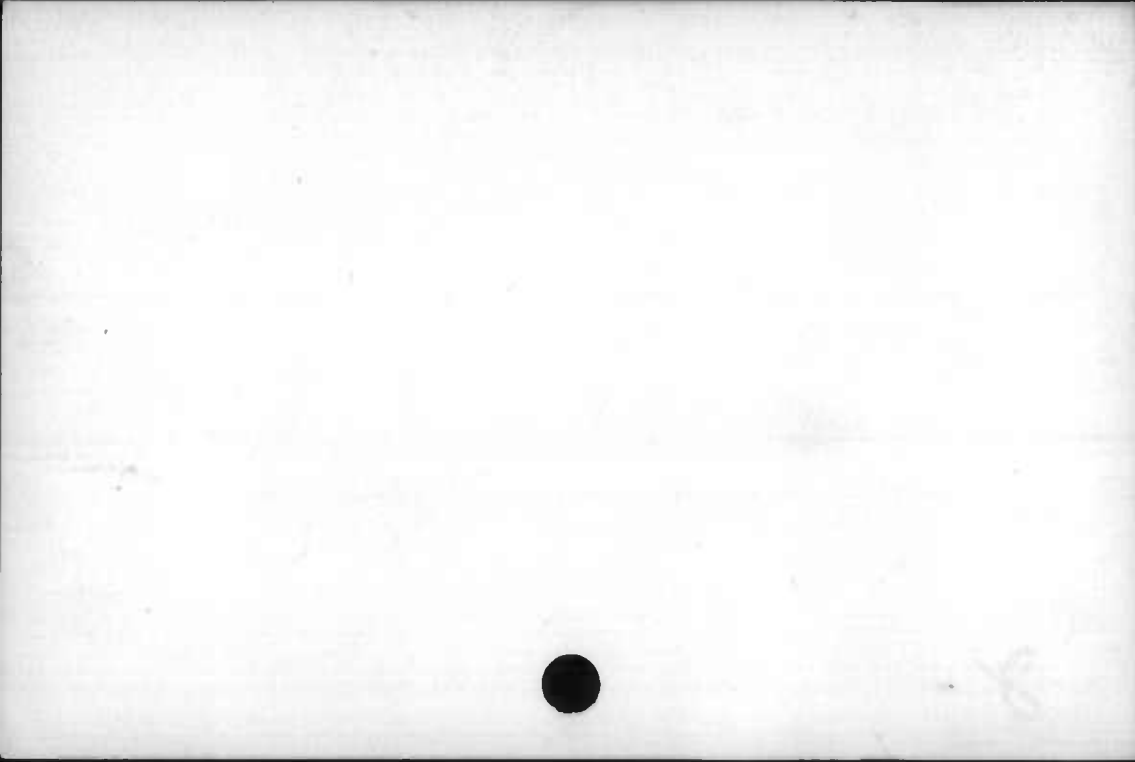
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		10	14		89		
Sex		Color or Race		Birth-place			
Female		White		Waynesburg, W. Va.			
Occupation		Where Residing if not at place of death					
Retired Housewife		John Paget					
Married, Single or Widowed		Name of Wife or Husband					
Married		John Paget					
Father's Name		Father's Birthplace					
Amuel Griffith		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Eleanor Hill		Unknown					
Name of person giving Information		How related to deceased					
Leonard Clifton		Grandson					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Informative Page -	How long	7 years
Immediate	Paralysis	How long	6 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Jas. H. Gibson	
Address		Tombuchung, Maryland	
Accident or Suicide?			



Name
in
Full

Infant ~~and~~

Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Higdonstown Town

Bald County

Date of death 1909 Oct 5

Day 5

Age Years

Months Days

Sex male

Color or Race white

Birth-place 3217 Foster Ave.

Occupation none

Where Residing if not at place of death 3217 Foster Ave.

~~Married~~, Single Widowed

Name of Wife or Husband none

Father's Name Frank Pfeiffer.

Father's Birthplace Germany

Mother's Maiden Name Eva. Hochrein

Mother's Birthplace Germany

Name of person giving information Eva Pfeiffer

How related to deceased mother

CAUSES OF DEATH

⑧

Primary Shoulder presentation; pressure on umbilical cord
"still Born"

How long 2 hrs.

Immediate Asphyxia

How long " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. M. M. Rogers

J

Address Canton & O'Donnell Sts.

Accident or Suicide?

(over)

2nd to be delivered of twins. 1st. a female
had an uneventful birth but deceased presented
a shoulder with a prolapsed cord. when I was sent
for (a midwife's) case
J. W. W.

Saved 7 heart lung etc

Oct. 5th 1909

Gilly and Triller

403 S. Wolfe St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Pilkey</i>		Town <i>Groans</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Days	
		<i>1909 Oct. 20</i>		<i>82.</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ohio</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Groans, Md</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John P. Pilkey</i>					
Father's Name <i>Dont know.</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>					
Name of person giving Information <i>Amanda Ritter</i>		How related to deceased <i>Friend.</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Apoplexy</i>	How long <i>16 da.</i>
	Immediate	<i>Coma.</i>	How long <i>3 da.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>as near as possible</i>		
	Signature of Physician <i>H. C. Hoesess</i>		
Address <i>Groans Md.</i>			
Accident or Suicide <i>Natural</i>			

Liston P. Fessellbaugh
51021 Bay St.

Name
in
Full

Violet M Pirie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>Oct</u> ^{Month}	<u>10th</u> ^{Day}	Age <u>14</u> ^{Years}	<u>9</u> ^{Months} <u>17</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Chd</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Arlington</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Harry J Pirie</u>			Father's Birthplace <u>Chd</u>		
Mother's Maiden Name <u>Esther M. Boy</u>			Mother's Birthplace <u>11</u>		
Name of person giving information <u>M. Louise Pirie</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Failure of Forebrain development</u>	How long <u>1 1/2 Years</u>
<u>to close at Birth</u>	How long <u>10 days</u>
Immediate <u>Heart & Pharynx</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm D Wells</u>
	Address <u>Park Heights Ark</u>
Accident or Suicide? <u>2</u>	

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1992.

New Cathedral Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>unchristened Pitts</i>		Town <i>Chase</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Month <i>Oct</i>		Day <i>17</i>		Years <i>—</i>	
Date of death <i>1909</i>		Months <i>5</i>		Days <i>—</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Baltimore</i>		Occupation	
Married, Single or Widowed				Where Residing if not at place of death			
Name of Wife or Husband				Father's Birthplace			
Father's Name <i>Illegitimate</i>				Mother's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Mary G. Pitts</i>				How related to deceased			
Name of person giving Information				<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">153</div>			

CAUSES OF DEATH

Primary

Exposure

How long

Immediate

How long

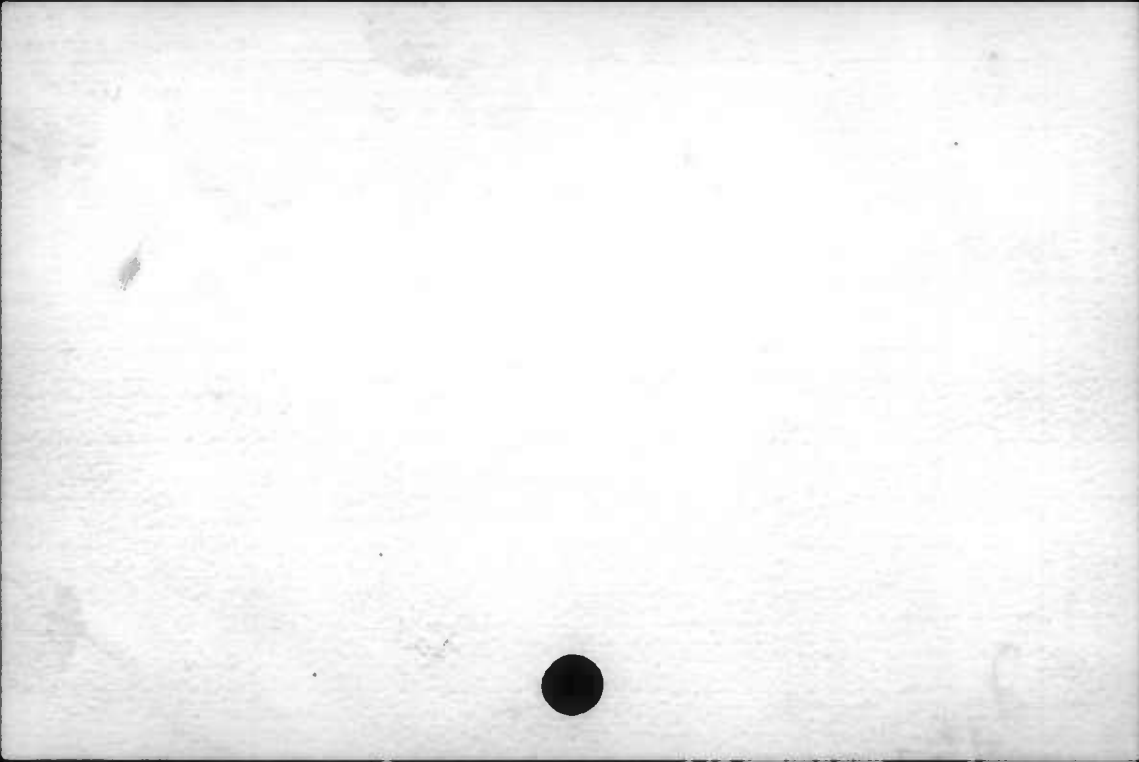
Are the name, age, sex, color, date
and place correctly given above?*yes*

Signature of

Physician
Address*Jas F Gibson
Chase
md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John P. Poe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ruxton <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1909 Oct 14 <small>Month Day</small>		Age 73 <small>Years</small>		1 22 <small>Months Days</small>	
Sex Male		Color or Race white		Birth-place Baltimore	
Occupation Attorney at Law		Where Residing if not at place of death 1501 Park Ave. Baltimore			
Married, Single or Widowed Married		Name of Wife or Husband Mrs. Annie Hough Poe			
Father's Name Neilson Poe.		Father's Birthplace Baltimore			
Mother's Maiden Name Josephine Glenn		Mother's Birthplace Manland			
Name of person giving information Edgar Allan Poe.		How related to deceased Son			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Central apoplexy	How long 4 days
Immediate Oedema of the lungs	How long 2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician M. M. Dabney M.D.
J	Address Ruxton. Baltimore Co.
Accident or Suicide? —	

Henry H. Jentzsch and Sons Co
Greenmount Cem
October 16th 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ja Port Canton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>9</i>	<i>Oct</i> Month	<i>26</i> Day	Age <i>about 25</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>N. Carolina</i>		
Occupation <i>Labored</i>	Where Residing if not at place of death <i>Not Known</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Mr Reynon</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Mr Zimmer</i>	How related to deceased <i>Yours</i>				

CAUSES OF DEATH

(176)

PHYSICIAN
OR CORONER

Primary <i>Asphyxiation by hanging</i>	How long
Immediate <i>caught by car in 7 Phosphate</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. S. Sudh</i>
<i>Accident</i>	Address <i>331 36 Balto St</i>
Accident or Suicide	

John's Hopkins
Anatomical Board

Henryson
10/27/09

Name
in
Full

Martha S. Povel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Sweet Air* Town *Baltimore* County *MARYLAND*

Date of death *1909 Oct. 18* Month *18* Day *18* Age *53* Years *7* Months *26* Days

Sex *Female* Color or Race *White* Birth-place *California*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *James S. Povel*

Father's Name *Wm. P. Wilson* Father's Birthplace *Md.*

Mother's Maiden Name *Caroline Hawkins* Mother's Birthplace *Md.*

Name of person giving Information *Mary W. Povel* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *8 days*

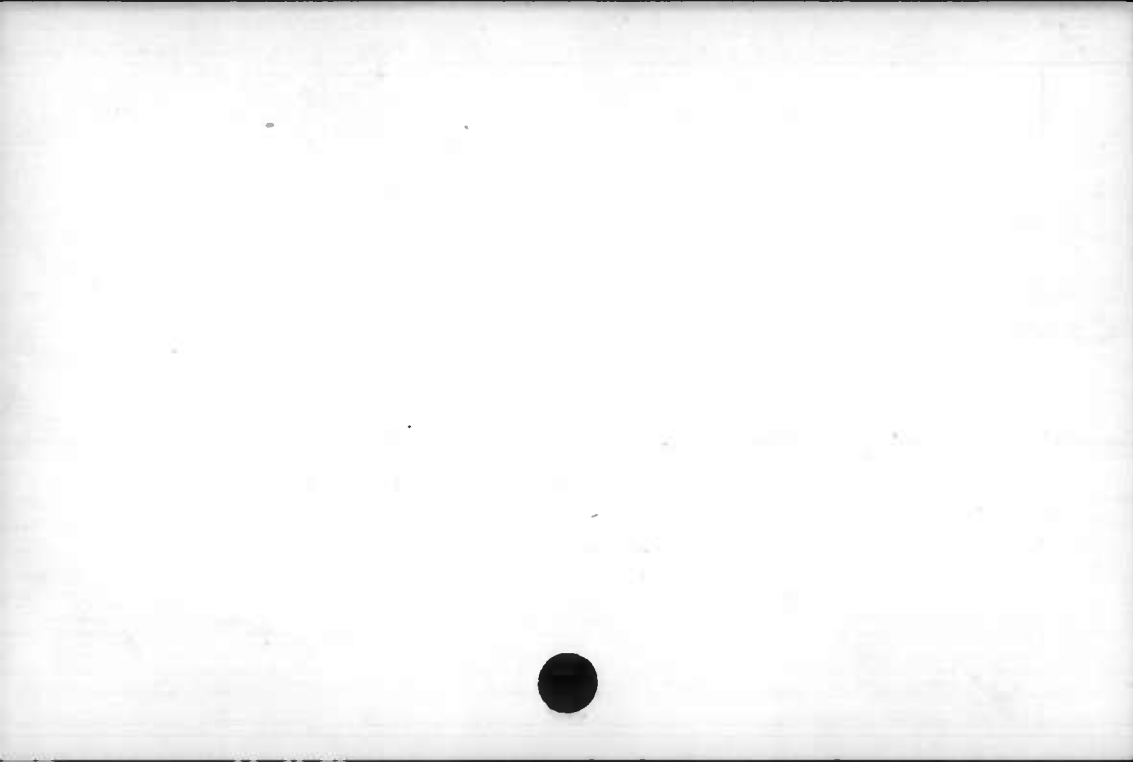
& Hemiplegia How long *8 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. H. Emory, D.*

D Address *Montkston, Md.*

Accident or Suicide *no*



Name
in
Full

Margaret. Trosser.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct.	6th	Age 31			
Sex	Female	Color or Race	White	Birth-place	Baltimore Ind.		
Occupation	House Wife			Where Residing if not at place of death	Tutty Hill Balt Co		
Married, Single or Widowed	Married		Name of Wife or Husband	Louis Trosser.			
Father's Name	Germany John Riederich			Father's Birthplace	Germany.		
Mother's Maiden Name	Mrs. Trosser			Mother's Birthplace	Germany.		
Name of person giving Information	Louis Trosser.			How related to deceased	Husband.		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Pulmonary Tuberculosis		How long	
Immediate			How long	3 or 4 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Trosser	
Accident or Suicide		Address	Baltimore, Md	

Entenment
St Joseph
Cent
Belair Road

Geo. W. Grammer
undertaker

Name
in
Full

Mary Alice Reid

CERTIFICATE OF DEATH

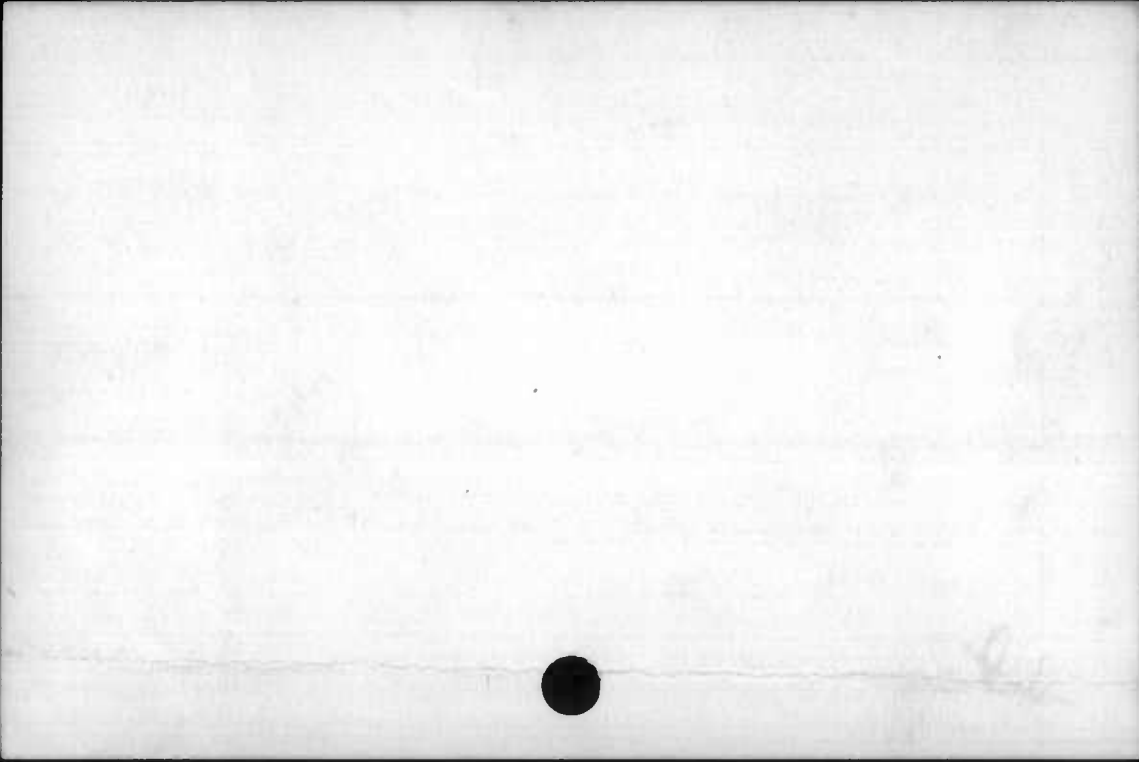
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		October	18	Monday	67	10	18
Sex		Color or Race		Birth-place			
female		white		Baltimore			
Occupation				Where Residing if not at place of death			
				906 North Fremont Ave			
Married, Single or Widowed		Name of Wife or Husband					
Married		Ltr E. Miller Reid					
Father's Name		Father's Birthplace					
John Allen		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Amanda Smith		Maryland					
Name of person giving information		How related to deceased					
H. E. M. Reid		Sister-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	64 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. Miller Reid M.D.	
Address		906 N. Fremont Ave	
		Baltimore Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John E Rendollar*

Died at *Mt Hope Reformatory* *Baltimore* *MARYLAND*

Date of death *1909 Oct 18th* Age *5-5-* *not known* *not known*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing if not at place of death *Baltimore Md*

Married, Single or Widowed *Widowed* Name of Wife or Husband *not known*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving Information *Recd, Mt Hope Reformatory* How related to deceased *not at all*

CAUSES OF DEATH

(67) ✓

PHYSICIAN
OR CORONER

Primary *Mania Post Paralysis* How long *abt 7 mos*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

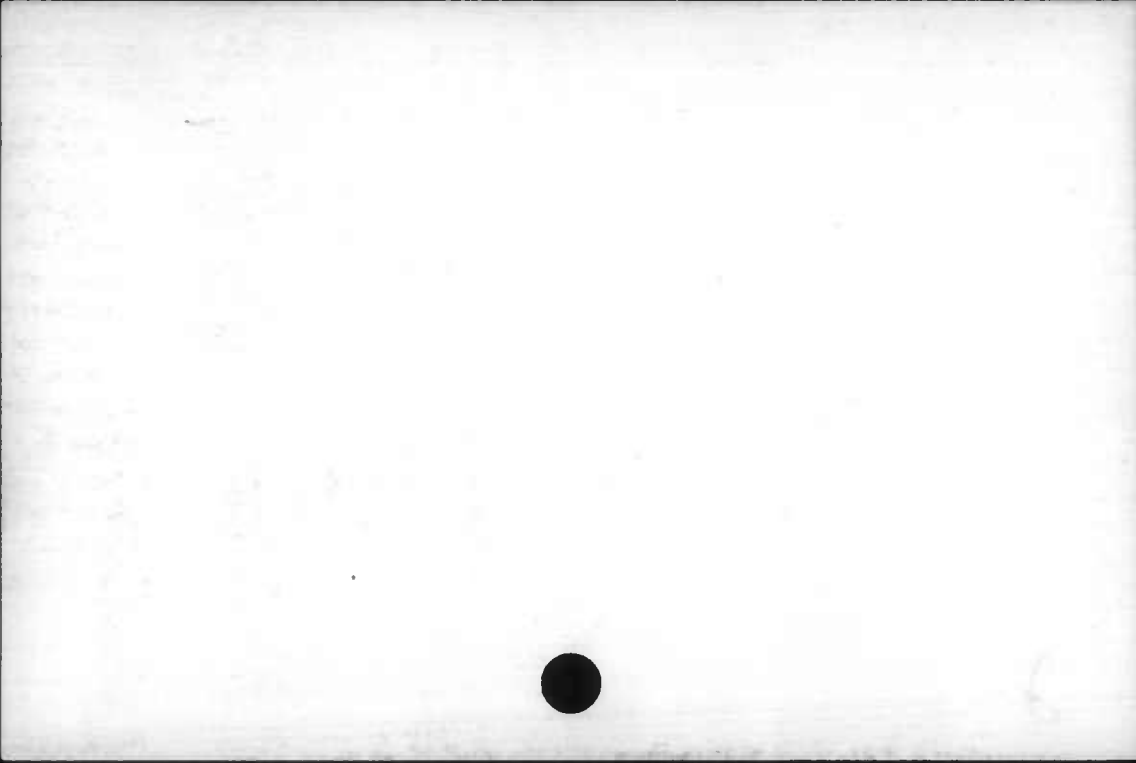
Address

Accident or Suicide

Frank J Flannery

Mt Hope Reformatory

Mt Hope Md



Name
in
Full

Wm. H. J. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

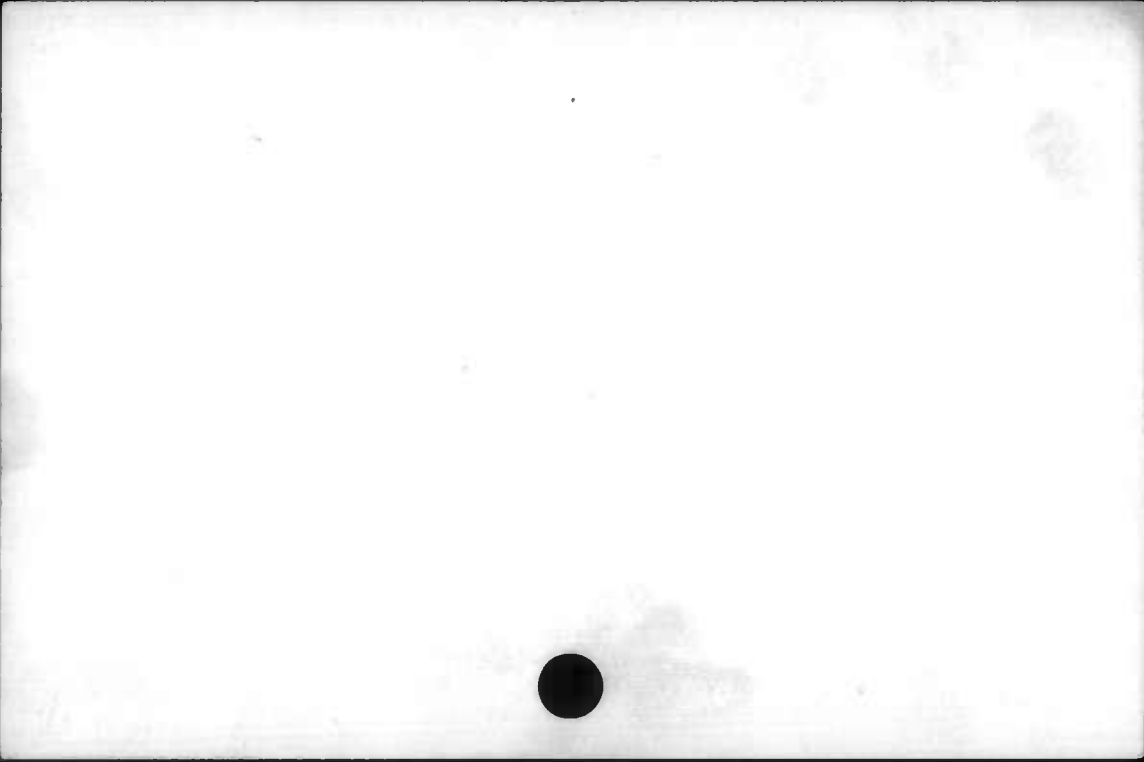
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1904		Oct.	29			11	1
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		George J. Price				Father's Birthplace	
						Md.	
Mother's Maiden Name		Maggie B. Trigg				Mother's Birthplace	
						Va.	
Name of person giving Information		Wm. Geo. J. Price				How related to deceased	
						Mother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	11 months
Immediate	Infantile Chloasma & Spontaneous	How long	4 weeks
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		J. C. Gledhill M.D.	
Address		Spencer Street	
Accident or Suicide			



Name
in
Full

Arnold Dallas Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

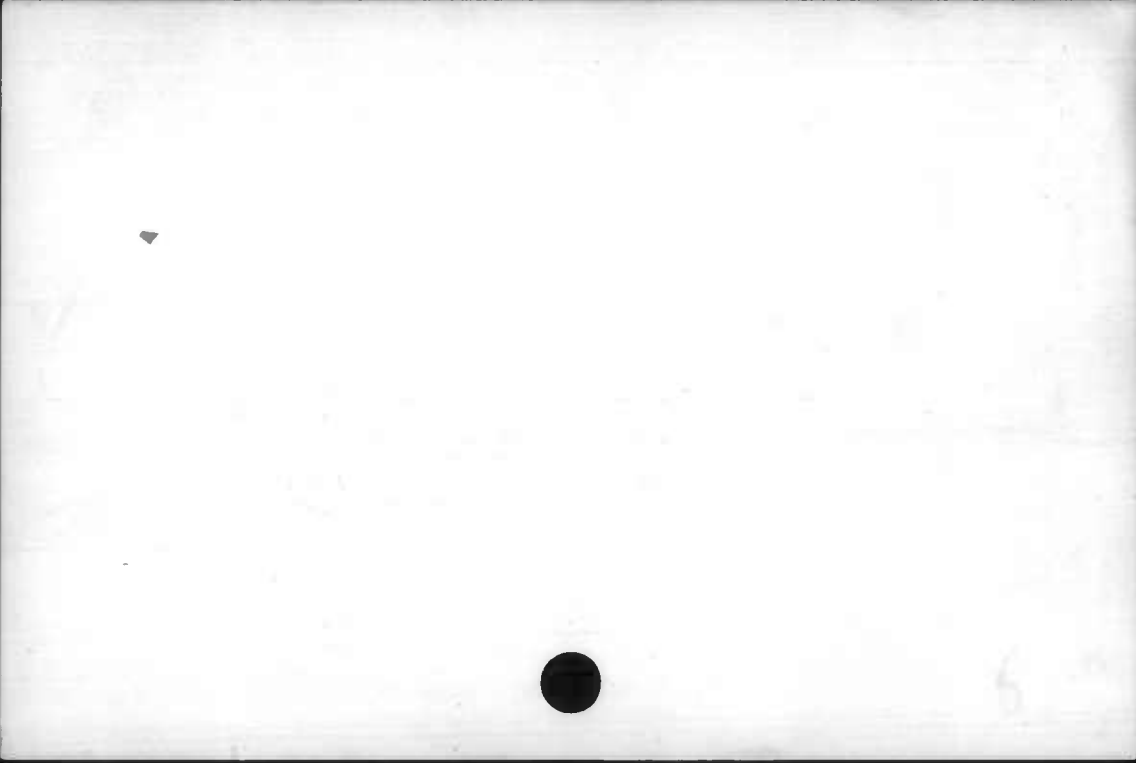
Died at		Mt. Washington Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months
1909		Oct	12	Age 16	8
Sex		Color or Race		Birth-place	
Male		White		Baltimore city	
Occupation		Where Residing if not at place of death			
Weaver Cotton Duck		Mt. Washington			
Married, Single or Widowed		Name of Wife or Husband			
Single		None			
Father's Name		Father's Birthplace			
Isaac Howard Richards		Carroll Co.			
Mother's Maiden Name		Mother's Birthplace			
Alvira Leaphorn Saunders		Harford Co.			
Name of person giving Information		How related to deceased			
Alvira L. Richards		Mother			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart Lesion	How long	about 10 years
Immediate	Heart failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner	
Yes		H. Holliday Emich	
Address		Arlington Md.	
Accident or Suicide			



Name
in
Full

Dietrich Ripken

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Raspeburg ^{Town} Baltimore ^{County} **MARYLAND**

Date of death 1909 ^{Month} 10 ^{Day} 18 Age 66 ^{Years} 5 ^{Months} 21 ^{Days}

Sex M Color or Race M Birth-place Germany

Occupation City Employee-Suppl. Ld. Sec. Where Residing if not at place of death Germany

Married, Single or Widowed M Name of Wife or Husband Henrietta (Krumm) Ripken

Father's Name Reinhardt Ripken Father's Birthplace Germany

Mother's Maiden Name Catherine Ripken Mother's Birthplace Germany

Name of person giving Information Mrs. Edw. S. Schlutter How related to deceased Daughter

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage from fall How long 3 hours

Immediate Cerebral Hemorrhage from fall How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. L. Wilkinson

J Address Raspeburg, Md.

Accident or Suicide Accident

Balto. Leemeter

Oct 21, 1909

Landen Sons

Name
in
Full

Howard C. Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cella</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>1</i>	Months <i>8</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>Iron</i>	Where Residing if not at place of death <i>Cella</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Charles W. Ritter</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Dora E. Piel</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Chas W Ritter</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>As theuria</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr. W. H. Rogers</i>
<i>[Signature]</i>	Address <i>Elliot Ch. Md</i>
Accident or Suicide <i>[Signature]</i>	

Easton Sons
Oella Country.

Name
in
Full

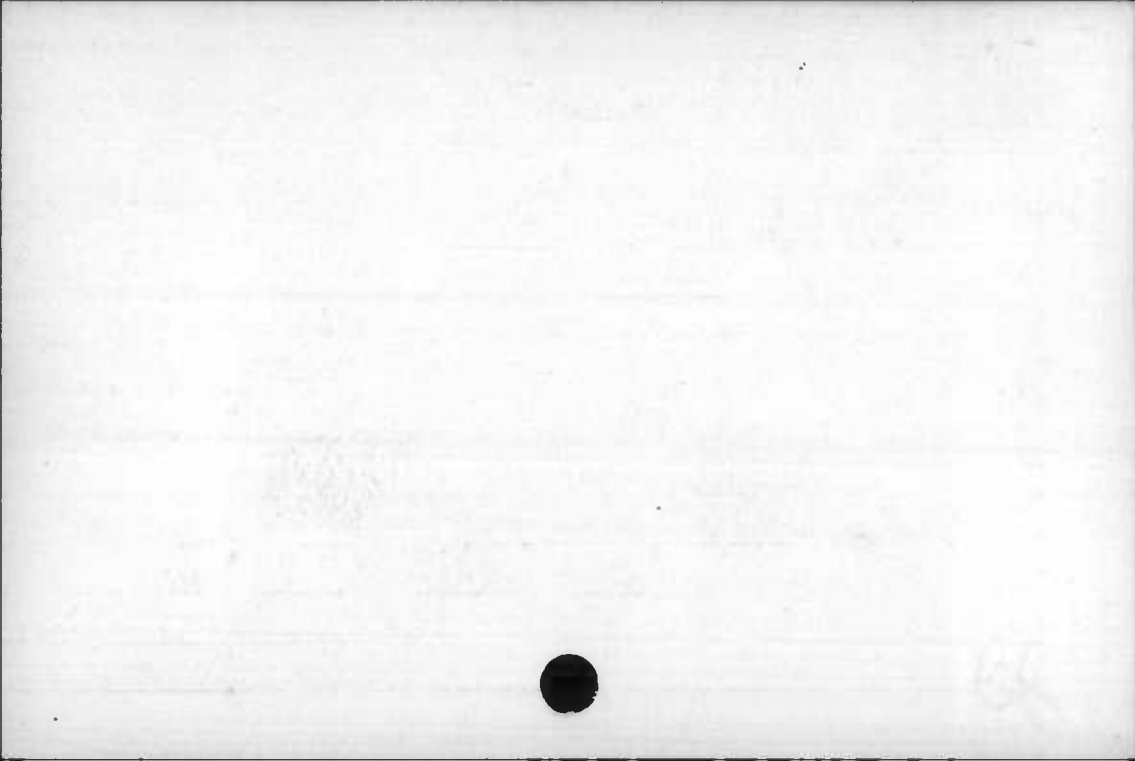
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Robinson</i>		Town <i>St. Agnes Hospital</i>		County <i>Baltimore Co</i>		MAYLAND	
Died at <i>St. Agnes Hospital</i>		Date of death <i>1909 Oct. 10</i>		Age <i>58</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Canada</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>2142 - W. Fayette St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Robinson</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Canada</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Annie Robinson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Carcinoma Stomach</i>	(40) ✓	How long <i>6 moos +</i>
	Immediate <i>Inanition (pyloric obs.)</i>		How long <i>1 mo.</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frederick G. Cronk</i>	
	Yes <i>Yes</i>	Address <i>St. Agnes Hospital</i>	
	Accident or Suicide? <i>No</i>		



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maggie Robinson

Died at *Cowson* Town

County

Bullo

MARYLAND

Date of death *1909 Oct.*

Month

Day

7

Age

Years

38

Months

Days

Sex

Female

Color or Race

(col)

Birth-place

md.

Occupation

Housewife

Where Residing if not at place of death

Cowson

Married, Single or Widowed

Married

Name of Wife or Husband

Isaac Robinson

Father's Name

Don't know

Father's Birthplace

Don't know

Mother's Maiden Name

Lucy Boyer

Mother's Birthplace

Don't know

Name of person giving information

Jennie Robinson

How related to deceased

daughter

CAUSES OF DEATH

79

✓

PHYSICIAN
OR CORONER

Primary

Endo-Carditis & Nephritis

How long

14 Months

Immediate

Cardiac Asthenia

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*J. P. ... M.D.
Cowson md.*

Accident or Suicide?

understaken

Robert A Elliott
Baileys Md

Sandy Bottom Cemetery

Name
in
Full

Charles E. Roever.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} 3401 E Pratt St ^{County} Highland Baltimore

Date of death 1909 ^{Month} Oct ^{Day} 12 ^{Age} 29 ^{Years} ^{Months} nine ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Germany

Occupation Barber ^{Where Residing if not at place of death} 3401 E Pratt St. Highland Town

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Herman Roever

Father's Birthplace Germany

Mother's Maiden Name Ida Briding

Mother's Birthplace " "

Name of person giving information Clara Roever

How related to deceased Sister

CAUSES OF DEATH

Primary Suicidal by pistol
Immediate shot wound

(159) How long 1 V

How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

3343 E Baltimore

Accident or Suicide?

Mrs. & Mrs John W. Tenzel

801 W. Fayette St.

Schwartz Cemetery —

Oct. 9th /09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Rogers*
Carroll Town*Balto.* County

Date

of death

*1909**Oct.* Month*20* Day

Age

47 Years

Months

Days

Sex

*M.*Color or
Race*C.*Birth-
place*North Carolina*

Occupation

*Laborer*Where Residing if not
at place of death*# 3506 4 Hudson St.*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
information*Walter Winston*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

10 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. P. Throger*

Address

8207 E. E. E. E. E.

Accident or Suicide?

PHYSICIAN
OR CORONER

Alex. Hemmley.

678 W. Biddle St

Balt City

Asbury Cemetery

Oct 23/08

Name
in
Full

Edgar A. Sackleen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St. Helena		Balto. Co.					
Date of death	1909	Month	10	Day	3	Age	1 21
Sex	Male	Color or Race	W.	Birth-place	Balto. Co.		
Occupation	None			Where Residing if not at place of death	St. Helena		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Werner Sackleen				Father's Birthplace	England	
Mother's Maiden Name	Rosie Monahan				Mother's Birthplace	"	
Name of person giving Information	Werner Sackleen				How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	1. Colitis	How long	3 days
Immediate	Marasmus	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
J	3553 E. Balto St		
Accident or Suicide			

Oak Lawn

Hewittson

10/21/89

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Adalar* ^{Town} *Schoening* ^{County} *Balto*Date of death *1909* ^{Month} *Oct.* ^{Day} *4* ^{Years} *77* ^{Months} *9* ^{Days}Sex *Male* Color or Race *White* Birth-place *German*Occupation *None* Where Residing if not at place of deathMarried, ~~Single~~ *Married* Name of Wife or Husband *Mrs. Margaret Schoening*Father's Name *Not Known* Father's Birthplace *Germany*Mother's Maiden Name *Louisa Borkhansen* Mother's Birthplace *Germany*Name of person giving information *Margaret Schoening* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Acute nephritis* ^{How long} *3 weeks*
Immediate *Uremia* ^{How long} *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *D. W. Jones*
Address *3116 O'Connell St**J*
Accident or Suicide?

Dr. Jones
O'Donnell ad.

Jr.
~~George~~
Joseph J. Herz.

Oak Lawn Cemetery

Sept. 7/09

Name
in
Full

Anna See

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govaus</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1909 October</i>	Month	Day <i>8</i>	Years <i>52</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White German</i>		Birth-place <i>Germany</i>		
Occupation <i>Companion</i>			Where Residing if not at place of death <i>Govaus</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>See</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>See</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mrs Ferdinand Reinhard</i>			How related to deceased <i>Friends</i>		

CAUSES OF DEATH

45

V

PHYSICIAN
OR CORONER

Primary <i>Cancer of omentum and abdominal viscera.</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Manning</i>
<i>J</i>	Address <i>Govaus Md</i>
Accident or Suicide? <i>✓</i>	

Hamburg-
Germany

Mr M. Gauthrop
North & Linden Aves -
Baltimore
Md

Name
in
Full

Catherine Seitz

CERTIFICATE OF DEATH


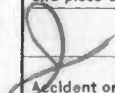
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Highlandtown		Baltimore					
Date of death	1909	Month	10	Day	4	Age	70
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	none			Where Residing if not at place of death	3 S. East Ave		
Married, Single or Widowed	Widow		Name of Wife or Husband	John Seitz			
Father's Name	Unknown			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	"		
Name of person giving Information	Mrs. Seitz			How related to deceased	Son		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	Several years.
Immediate	Pulmonary Congestion	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. H. Hermann M.D.
		Address	315 E. Baltimore St.
			
			
Accident or Suicide			

St Mathews Conn.

Henry Jan

10/6/07

Name
in
Full

Maria A. Sepitsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		Month 10	Day 22	Age 60	Months 8	Days 27	
Sex Female		Color or Race White		Birth-place Germany			
Occupation Housewife		Where Residing if not at place of death 3232 O'Donnell St.					
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name don't know		Father's Birthplace Germany					
Mother's Maiden Name don't know		Mother's Birthplace Germany					
Name of person giving Information Henrietta Sepitsch		How related to deceased daughter					

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis asthenia	How long about 7 years
Immediate		How long 6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. J. McAvoy M.D.
		Address 839 S Canton St
Accident or Suicide		

Tilly and Zeiler.

Sacred Heart Cemetery.

Oct. 25 - 1909.

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arthur E. Shamer* Town *Gorantown* County *Baltimore* MARYLAND
Died at *Gorantown*
Date of death *1909* Month *Oct* Day *28* Age *31-* Months Days
Sex *Male* Color or Race *White* Birth-place *Baltimore*
Occupation *Printer* Where Residing if not at place of death *Gorantown*
Married, ~~Single~~ *Widowed* Name of Wife or Husband *Margaret Mulligan*
Father's Name *Theodore Shamer* Father's Birthplace *Baltimore*
Mother's Maiden Name *Mary J. Crow* Mother's Birthplace *Ohio*
Name of person giving Information *J. P. Grattan* How related to deceased *Brother in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *over 3 weeks*
Immediate *Perforation Bowel* How long *2 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. M. Duncan*
Address *Gorantown*
Accident or Suicide

Underwriters

Martin Fahy & Sons

St Mary's

Goraustron

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm. A. Sindall</i>		Town <i>Correnton</i>		County <i>Balto.</i>		MARYLAND					
Died at		Month <i>Oct.</i>		Day <i>21</i>		Years <i>44</i>		Months <i>2</i>		Days <i>10</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>					
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Correnton</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah</i>									
Father's Name <i>Abraham Sindall</i>		Father's Birthplace <i>Balto. Co.</i>									
Mother's Maiden Name <i>Sarah Campbell</i>		Mother's Birthplace <i>Balto. Co.</i>									
Name of person giving Information <i>Laura Russell</i>		How related to deceased <i>Sister</i>									

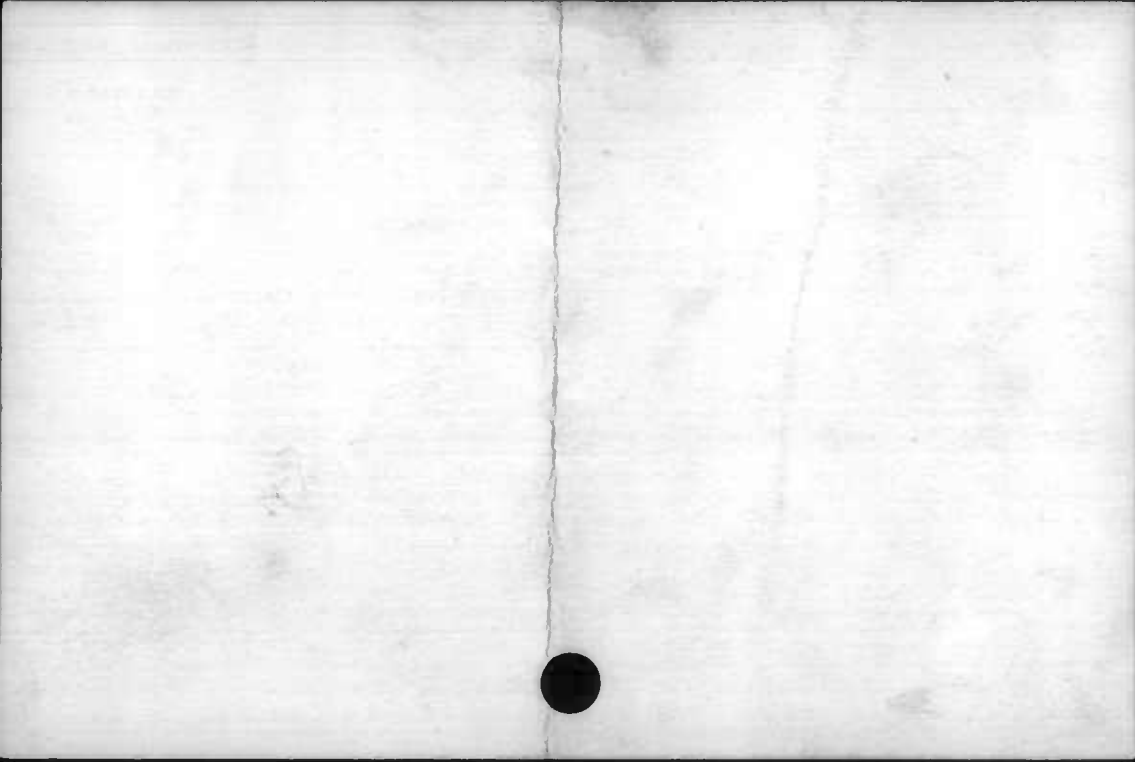
CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>7 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. V. Mace</i>
		Address	<i>Rosville</i>
Accident or Suicide			



Name
in
Full

Anton Sherich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>17</i>	Age <i>8</i> Years	Months <i>22</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Sherich</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Helena Julo</i>			Mother's Birthplace <i>Austria</i>		
Name of person giving information <i>John Sherich</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>4 mths</i>
Immediate <i>Aschemia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Amby L. Kattalata</i>
	Address <i>827 Congress St</i>
Accident or Suicide? <i>—</i>	

Sacred Heart Clem.
H. Sander sons

Oct 19/09.

Is. Perennialia 827 Virginia

Name
in
Full

Armie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt. Washington ^{County} Baltimore ^{MARYLAND}

Date of death 1909 ^{Month} Oct. ^{Day} 4 ^{Age} ^{Years} ^{Months} ^{Days} 6 hours

Sex Female ^{Color or Race} White ^{Birth-place} Mt. Washington

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George J. Smith

Father's Birthplace

Mt. Washington

Mother's Maiden Name

Armie J. Wolfenden

Mother's Birthplace

Howard Co.

Name of person giving Information

George Smith

How related to deceased

Father

CAUSES OF DEATH

151

✓

PHYSICIAN
OR CORONER

Primary

Primary Cause unknown X

How long

Immediate

Premature birth

How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

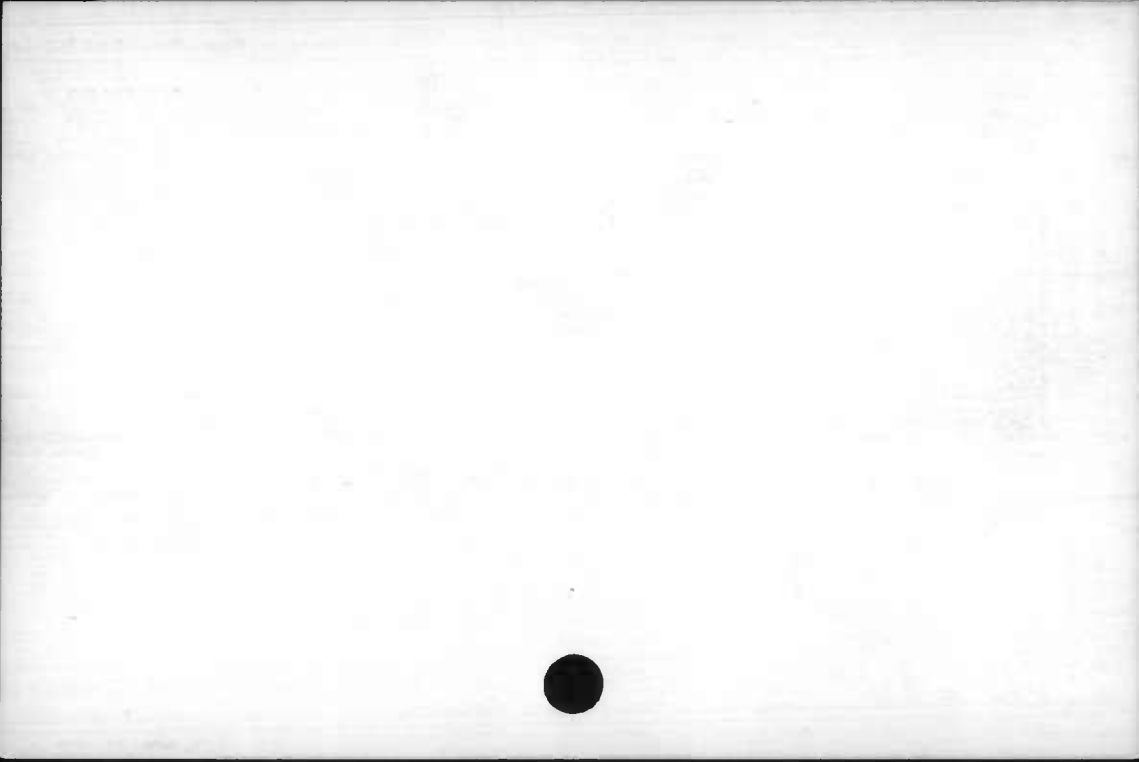
Dr. Josiah S. Bowen -

Address

Mt. Washington, Ind.

Accident or Suicide

X Probably overexertion.



Name
in
Full

Dorothy Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt. Washington^{County} Baltimore

MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 5Age ^{Years} 31 ^{Months} ^{Days} 1

Sex Female

Color or Race White

Birth-place Mt. Washington

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George J. Smith

Father's
Birthplace

Mt. Washington

Mother's
Maiden Name

Anne D. Wolfenden

Mother's
Birthplace

Howard Co.

Name of person giving
Information

George J. Smith

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long

1 month preg.

Immediate

Insufficient development

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Ed. Josiah S. Bowen

Address

Mt. Washington, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Jacob H. Kraft
(Master)

Interment at
St. Mary's Cemetery
Gorham - Me.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leavenworth</i>		<i>Butte</i>		MARYLAND	
Date of death 1909 Oct 20		Age 62		Months Days	
Sex <i>Male</i>	Color or Race <i>Cca</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Link</i>				
Father's Name <i>Link</i>	Father's Birthplace <i>Link</i>				
Mother's Maiden Name <i>Link</i>	Mother's Birthplace <i>Link</i>				
Name of person giving Information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

68

How long

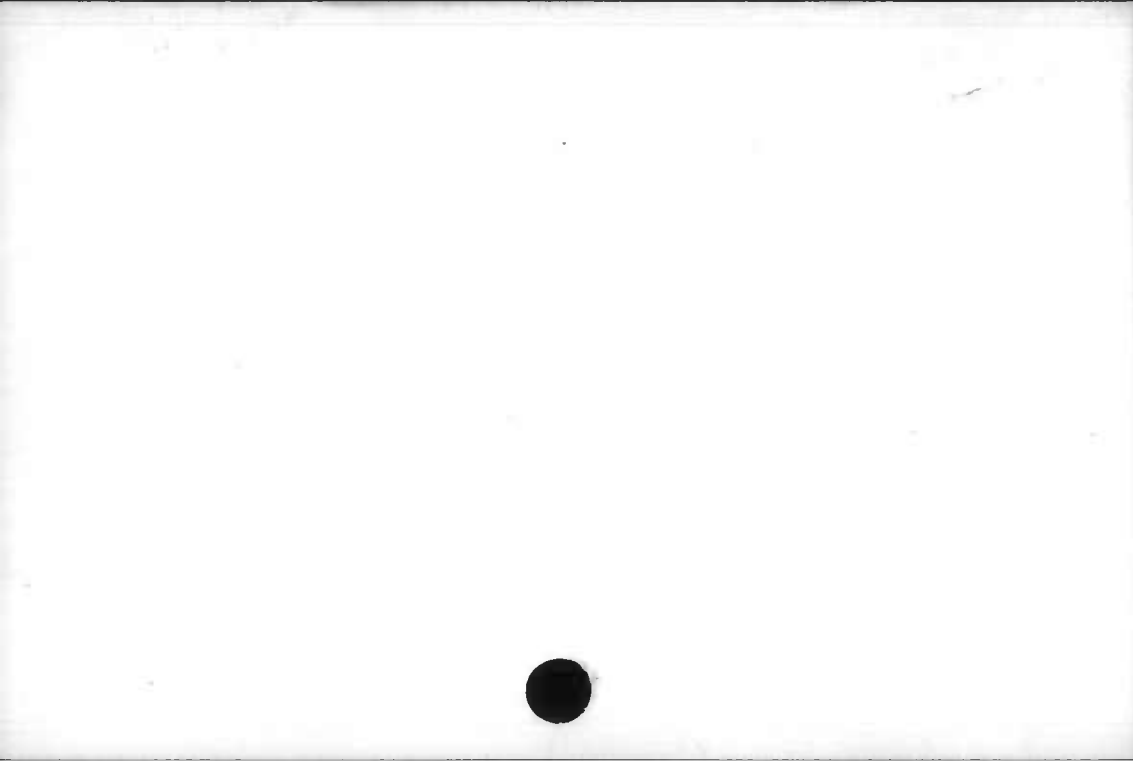
3 yrs

How long

1 mo

PHYSICIAN
OR CORONER

Primary <i>Organic Dementia</i>	Signature of Physician <i>Dr. H. H. Wade</i>
Immediate <i>& exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Address <i>Leavenworth Ind</i>
<i>No</i>	
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Smith</i>		Town <i>White Marsh</i>		County <i>Bach</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	24	Age	64
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months	0
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Augusta Smith</i>					
Father's Name <i>Friedrich Smith</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margaret Damstadt</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>W. W. Smith</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Corbital Haemorrhage</i>	How long	<i>3 weeks</i>
Immediate	<i>Asphyxia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. Hansen M.D.</i>	
Address <i>Middle Road MD</i>		14	
Accident or Suicide <i>No</i>			

F. Lassah & Sons
St. Michael's Cemetery

Name
in
Full

CERTIFICATE OF DEATH

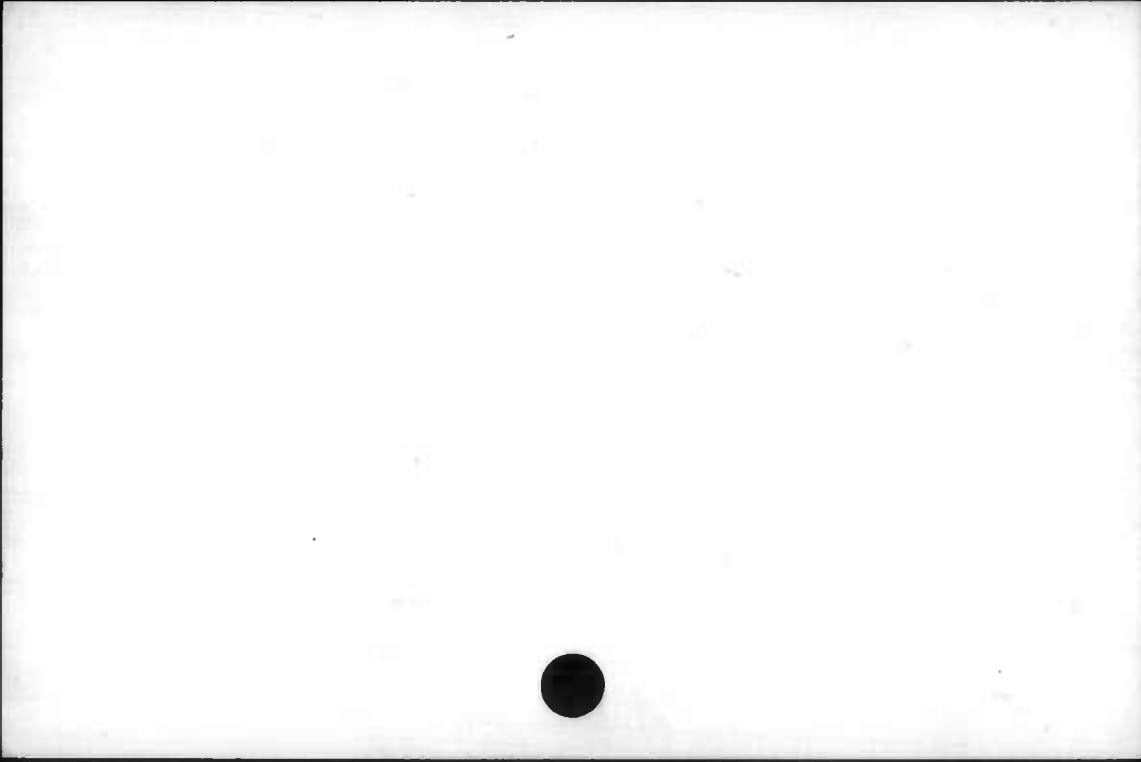
TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Smith*
Town *Washington* County *Patuxent*
Died at *Washington* MARYLAND
Date of death 1909 *Oct.* Month *5* Day *0* Age *0* Years *0* Months *4* Days *3 hours*
Sex *female* Color or Race *white* Birth-place *Washington*
Occupation *none* Where Residing if not at place of death _____
Married, Single or Widowed *single* Name of Wife or Husband _____
Father's Name *George J. Smith* Father's Birthplace *Washington*
Mother's Maiden Name *Adeline Wolfenden* Mother's Birthplace *College City MD*
Name of person giving information *George J. Smith* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature birth* How long *9 mos gestation*
Immediate *Asphyxia* How long *life*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *William J. Ford*
Address *Washington*
Accident or Suicide *At Bowen's place*



Name
in
Full

Stella A. Smith

CERTIFICATE OF DEATH

Died at ^{Town} Near Mt Hope ^{County} Baltimore MARYLAND

Date of death 190 9 Month 10 Day 21 Age — Years — Months — Days 10

Sex Female Color or Race White Birth-place Balto. Co.

Occupation — Where Residing if not at place of death Near Mt Hope

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Herbert Smith Father's Birthplace Pa.

Mother's Maiden Name Laura Cluctus Mother's Birthplace Md.

Name of person giving Information Herbert Smith How related to deceased Father

CAUSES OF DEATH

Primary Inanition 10 days old 10 days. (151) ✓

Immediate Inanition 2 days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

M. B. Cox M.D.
Arlington.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death	
Smith - William Crawford Smith		TOWSON, BALTO. COUNTY, MARYLAND	
Died at		TOWSON, BALTO. COUNTY, MARYLAND	
Date of death		1909 Oct. 13	
Age		65	
Sex		Male	
Color or Race		White	
Birth-place		Georgia	
Occupation		Merchant	
Where Residing if not at place of death		Elberton, Ga.	
Married, Single or Widowed		Married	
Name of Wife or Husband		Mrs. W.C. Smith	
Father's Name		David Smith	
Father's Birthplace		Ga.	
Mother's Maiden Name		Margaret Whaley	
Mother's Birthplace		Ga.	
Name of person giving Information		Percy H. Smith	
How related to deceased		Son	
CAUSES OF DEATH			
Primary		Senile Dementia	
Immediate		Exhaustion, Collapse	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Thomas A. Smith	
Address		Shepherd St. Towson Md	
Accident or Suicide		J	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154

How long

5 mos.

How long

3 days

Wm. Cook,
502. E. North ave
Elberton
Elbert. Co. Georgia

Name
in
Full

Infant Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

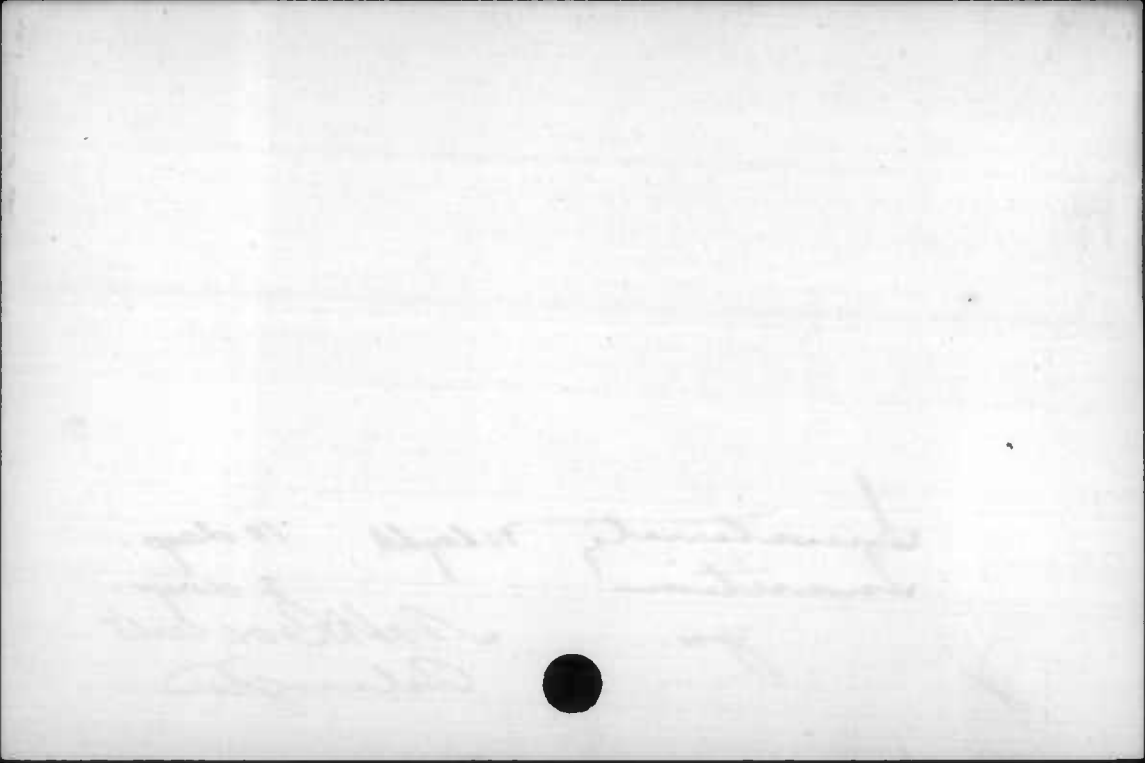
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	19				3
Sex		Color or Race		Birth-place			
Male		Colored		Balto Co			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Robert Smith				Md			
Mother's Maiden Name				Mother's Birthplace			
Vella Lewis				Md			
Name of person giving information				How related to deceased			
Edward Greenly				Bro in Law			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		How long	
Could not take Dominant			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. J. Tree, MD	
		Address	
		Stewartstown Pa	
Accident or Suicide?			



Name
in
Full

~~Spear~~, Lambert S. Spear

CERTIFICATE OF DEATH

Died at ^{Town} *Leutonsville* ^{County} *Balto* **MARYLAND**
Date of death 190 ^{Month} *9 Oct* ^{Day} *6* Age ^{Years} *65* Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *unk* Father's Birthplace *unk*
Mother's Maiden Name *unk* Mother's Birthplace *unk*
Name of person giving Information *-* How related to deceased *-*

CAUSES OF DEATH

120

Primary *Melancholia* How long *10 yrs*
Immediate *Chronic Bright's Disease* How long *6 mos*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

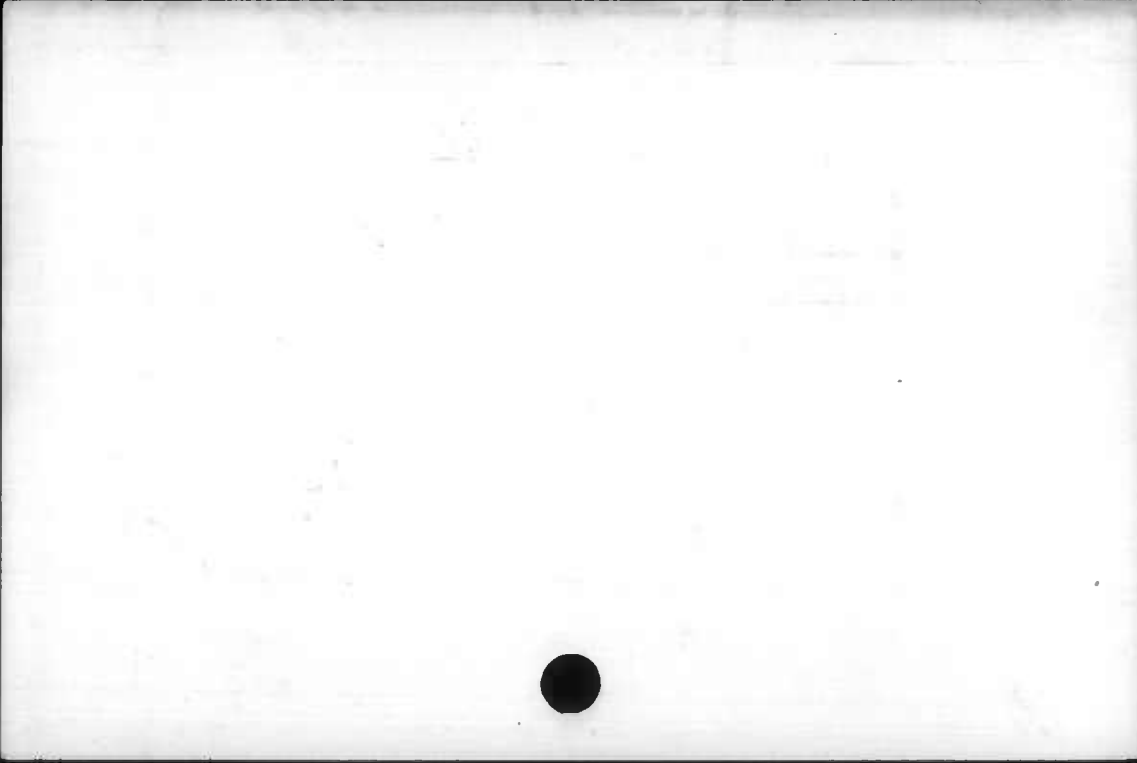
Dr. Gray Wade
Leutonsville, Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		George Daniel Slagmer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Essex Town		Balto. County		MARYLAND	
	Date of death	1909	Oct.	8	Age	69	Months 8 Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Supt. of Estate (B.M. Co.)		Where Residing if not a place of death	504 Broadway Ave.,		
	Married, Single or Widowed	Married		Name of Wife or Husband	Oliza Jane Slagmer		
	Father's Name	George Slagmer			Father's Birthplace	Germany	
	Mother's Maiden Name	Elizabeth			Mother's Birthplace	Germany	
Name of person giving information	Mrs Wm H Cole				How related to deceased	daughter.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Arterio-Sclerosis				How long	years.
	Immediate	Valvular Heart Disease				How long	about 1 year.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	John Evans,
	Accident or Suicide?	<input checked="" type="checkbox"/>				Address	602. Bator Ave., Balto., Md

Baltimore Cemetery

Oct 11th 1909

H. C. Widefeld

914 Greenmount ave

Name
in
Full

Liburn Staunbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ross ^{Town} Beth ^{County} MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 13 ^{Years} — ^{Months} 4 ^{Days} —

Sex Female Color or Race White Birth-place md

Occupation ch Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Edison Staunbury Father's Birthplace md

Mother's Maiden Name Stella Campbell Mother's Birthplace md

Name of person giving Information Edison Staunbury How related to deceased father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

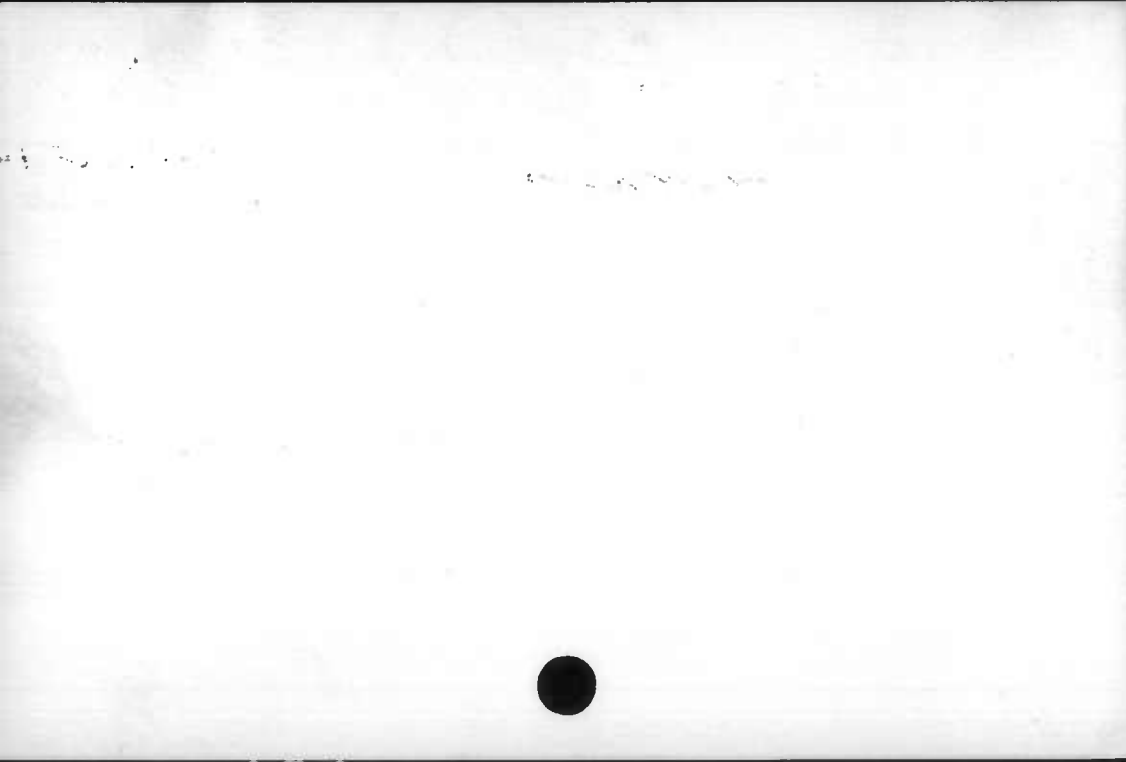
Primary Marasmus How long 3 weeks

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John W. Hammond

Address Middleburg

Accident or Suicide md



Name
in
Full

CERTIFICATE OF DEATH

Susannah Sterenson

Town

County

Died at

Towson

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

9 October

23 74

Age

9 2

9

7

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co.

Occupation

None

Where Residing if not
at place of death

S. Towson

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Edward Sterenson

Father's
Birthplace

Frederick Md.

Mother's
Maiden Name

Frances Cole

Mother's
Birthplace

Frederick Md.

Name of person giving
Information

Jemima Maynard

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Right foot, and leg within three inches of knee
Senile Gangrene

How long

27 months

Immediate

Gradual failure ending in Stupor.

How long

Four days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

James H. Jarrett
Towson

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons
Tanners

Interment at
Prospect Hill Cem

Black
Hills
Cem.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George F. Stewart

Died at *123 Ashland Ave* *Evergreen Bldg* *60* *MARYLAND*

Date of death 190 *9* *Oct* *21* Age *68* *9* *25*

Sex *Male* Color or Race *White* Birth-place *Baltimore City*

Occupation *Lack Smith* Where Residing if not at place of death *123 Ashland Ave, Evergreen Bldg*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Deceased*

Father's Name *John A. Stewart* Father's Birthplace *Baltimore City*

Mother's Maiden Name *Margarette Nelson* Mother's Birthplace *Baltimore City*

Name of person giving Information *Fannie A. Fowler* How related to deceased *Daughter*

CAUSES OF DEATH

93

✓

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *10/60-2.*

Immediate *Pneumonia of left lung* How long *2 1/2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Edwin B. Fenby*

Address *1219 N. Caroline St*

Accident or Suicide

Date of Burial, Oct. 23. 07.
London Park Cemetery
Geo. J. Smith.

Name
in
Full

Sarah H. Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Roland Park		Baltimore					
Date of death	Month	Day	Years	Months	Days		
1909 Oct	27	Age	79	4			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	none			Where Residing if not at place of death	506 Forest Road		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Wm. B. Stokes			Father's Birthplace	Md		
Mother's Maiden Name	not known			Mother's Birthplace			
Name of person giving Information	John Stokes			How related to deceased			

CAUSES OF DEATH

120

✓

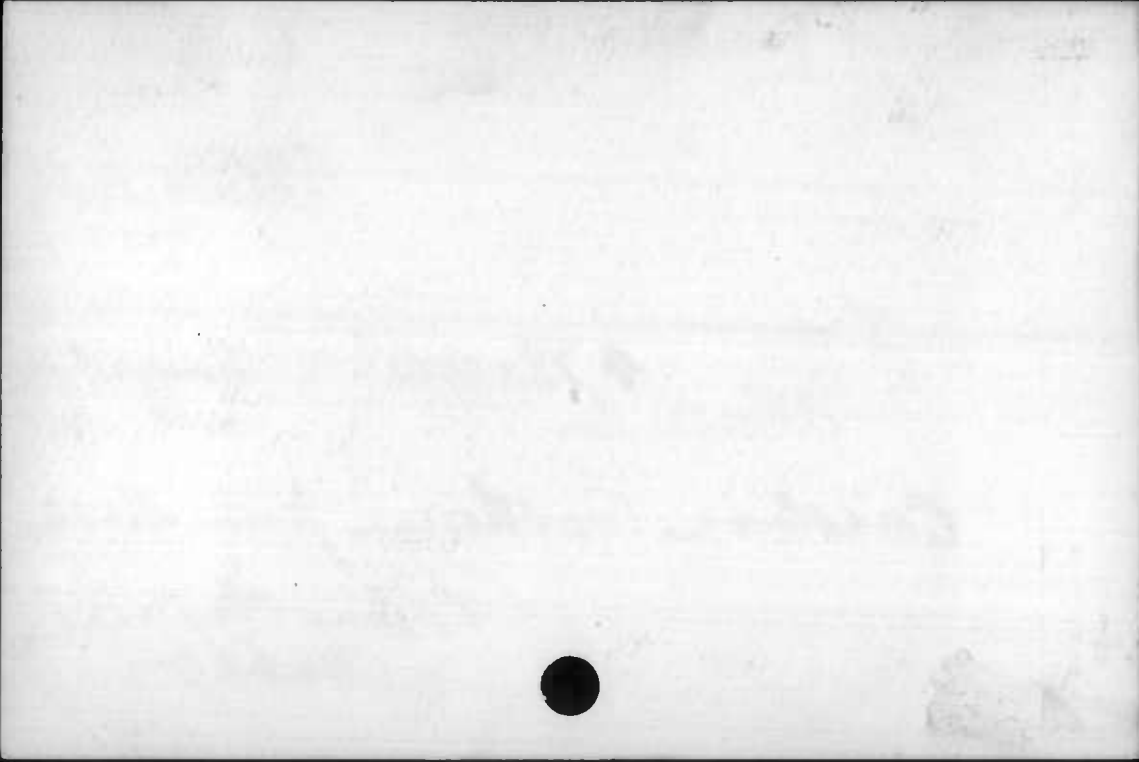
PHYSICIAN
OR CORONER

Primary	Intestinal nephritis	How long	6 or 8 months
Immediate	Pulmonary apoplexy ^{thrombosis}	How long	ten days
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	Henry B. Thomas
		Address	1007 Cathedral St
Accident or Suicide			

Stewart & Mowen Co.
Funeral Directors
215 Park Av.
Balto. City

for interment in
Green Mount Cemetery
October 29th/09.

Name in Full		Amelia H. Strauss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Wilkins ave: ext		Baltimore		MARYLAND
	Date of death		1900	Oct:	25	Age	64
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		Place of Death
	Married, Single or Widowed		Married		Name of Wife or Husband		George F. Strauss
	Father's Name		Ferdinand Michael		Father's Birthplace		Germany
	Mother's Maiden Name		Stark		Mother's Birthplace		Germany
Name of person giving information		C. W. Dill		How related to deceased		Undertaker	
<div>CAUSES OF DEATH</div> <div>79 ✓</div>							
PHYSICIAN OR CORONER	Primary		Valvular Dis. of Heart		How long		6 mos
	Immediate		Dropsy + exhaustion		How long		6 wks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		P. S. Dill M.D.
					Address		1833 W. Lombard St. Balto Md.
Accident or Suicide?							



Name
in
Full

Charles Russel Sutton

CERTIFICATE OF DEATH

Died at

White Hall

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

Oct

Day

22

Age

Years

—

Months

—

Days

19

Sex

male

Color or
Race

white

Birth-
place

White Hall

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

J. Thomas Sutton

Father's
Birthplace

Taylor Har Co

Mother's
Maiden Name

Georgia A Bremer

Mother's
Birthplace

Trump Bldg

Name of person giving
In formation

Charles Cuddy

How related
to deceased

Neighbor

CAUSES OF DEATH

(151)

Primary

Cardiac Asthma from bile

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

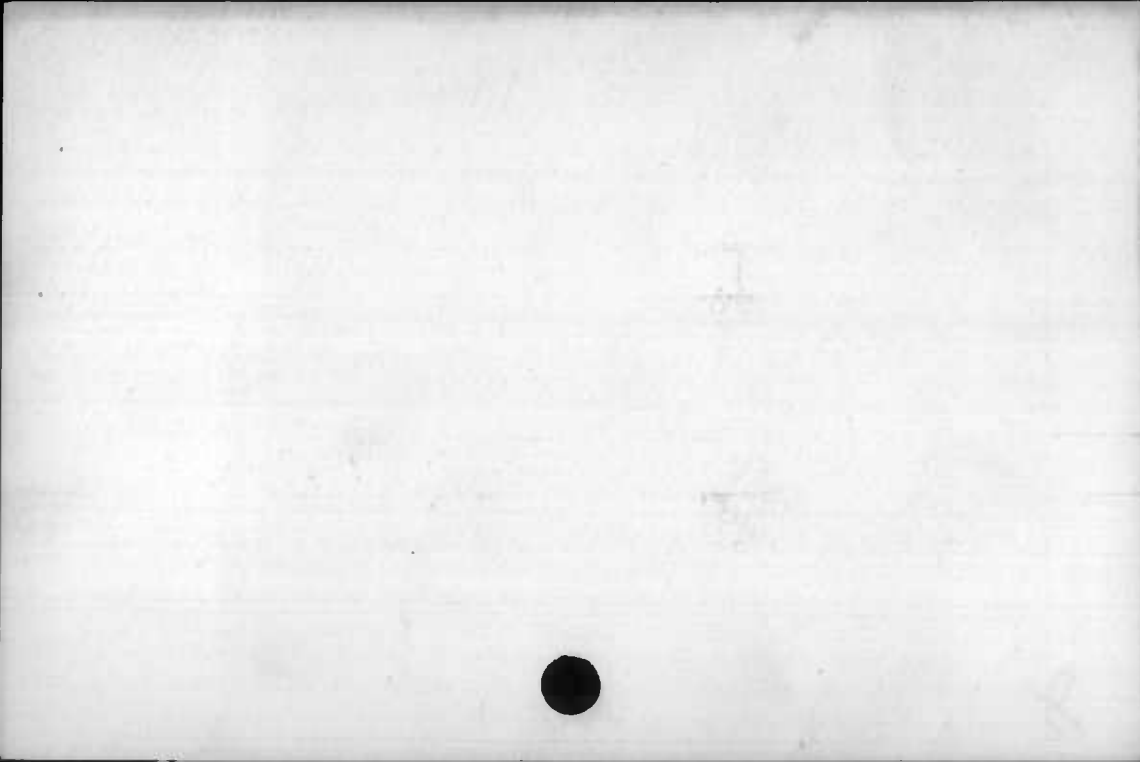
T. Ross Payne

Address

Caret

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Etta May Tappan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickeyville</i>		County <i>Bath</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Oct	15	Age 25	9	5
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dickeyville</i>	
Occupation <i>House duties</i>		Where Residing if not at place of death <i>Dickeyville</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry J Tappan</i>			
Father's Name <i>Nathaniel R. Sakers</i>		Father's Birthplace <i>Howard County</i>			
Mother's Maiden Name <i>Amanda M. Proctor</i>		Mother's Birthplace <i>Bath</i>			
Name of person giving Information <i>Martha E. McGinnies</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>15-20 years</i>
Immediate	<i>Cardiac Anemia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn Sta Me.</i>	
Accident or Suicide <i>—</i>			

London Park

Jos B. Cook -

Name
in
Full

Isabelle Louise Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Arlington* Town *Balls* County

MARYLAND

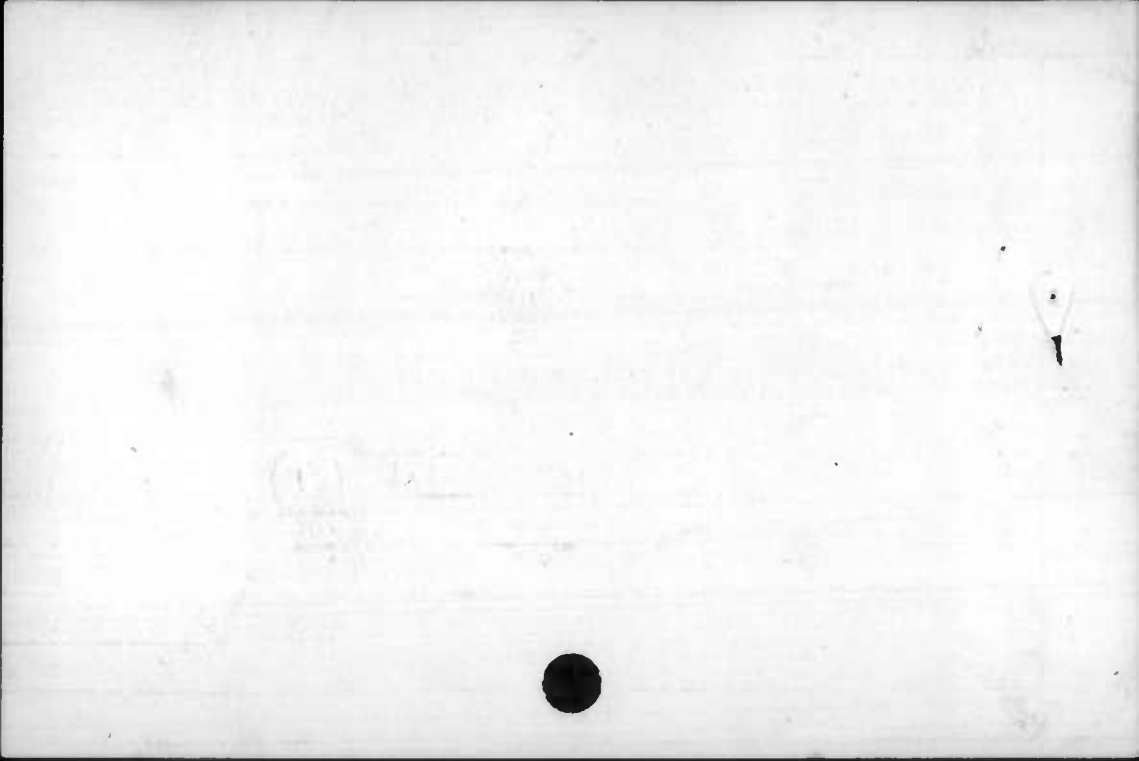
Date of death *1909 Oct 17* Month *17* Day *0* Age *0* Years *2* Months *0* DaysSex *Female* Color or Race *White* Birth-place *Arlington Md.*Occupation _____ Where Residing if not at place of death *Arlington*Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *C. F. Thomas*Father's Birthplace *Md.*Mother's Maiden Name *Irene Trotter*Mother's Birthplace *Md.*Name of person giving information *Irene Trotter*How related to deceased *Mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Marasmus* How long *2 weeks*Immediate *Heart failure* How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. B. [unclear]*Address *Arlington - 2*

Accident or Suicide?



Name in Full		Margaret Frantrier				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Highland	County Baltimore	MARYLAND		
		Date of death		1909	Month Oct.	Day 26	Age	81
					Years	4	Months	19
		Sex		Female		Color or Race	White	
		Birth-place		Germany				
		Occupation		None		Where Residing if not at place of death		
		Married, Single or Widowed		Widowed		Name of Wife or Husband Ulrich Frantrier		
		Father's Name		Johann Seibert		Father's Birthplace Germany		
		Mother's Maiden Name		Not Known		Mother's Birthplace Not Known		
		Name of person giving information		Emma Metzger		How related to deceased Daughter		
		CAUSES OF DEATH				(93) ✓		
PHYSICIAN OR CORONER		Primary		Pneumonia		How long 2 days		
		Immediate				How long —		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. O. Delchance		
						Address 2250 E. Hoffman St.		
		Accident or Suicide?						

Mr Matthews Dear

Oct 29/69

H. Fowler Esq

To: Election
Pateison Park Ave &
Hoffman Ave St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Understudy

Town

County

MARYLAND

Died at

Sparrows Point

Balto.

Date

Month

Day

Years

Months

Days

of death

1909 Oct.

27

Age

36

Sex

Male

Color or
Race

White

Birth-
place

Foreign (Suffered Russia)

Occupation

Labourer

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowedmarried
(ship)Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Joe Blair

How related
to deceased

None

CAUSES OF DEATH

166

How long

Primary

Accidental can in of

Immediate

File of iron ore

How long

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Joe Blair
Sparrows Point
Md. 15PHYSICIAN
OR CORONER

Accident or Suicide

Accident



Name
in
Full

David Vogel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERDied at *Highlandtown* Town *Balto.* County

MARYLAND

Date of death *1909 Oct. 21st* Month *Oct.* Day *21st* Age *58* Years Months DaysSex *Male* Color or Race *White* Birth-place *Germany*Occupation *Bricklayer* Where Reiding if not at place of death *502 S. Bouldin St*Married, Single or Widowed *Married* Name of Wife or Husband *Christina Vogel*Fathar's Name *Don't. Know*Father's Birthplace *Germany*Mother's Maiden Name *" "*Mother's Birthplace *Germany*Name of person giving Information *Christina Vogel*How related to deceased *Wife.*

CAUSES OF DEATH

Primary *Cancer of Stomach*How long *40* *4* *8mo*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. Warner
320 Highland Ave

Accident or Suicide

no

Lilly and Zeiler
Undertakers
Oak Lawn Cemetery
Oct. 24th 1909.

Name
in
Full

CERTIFICATE OF DEATH

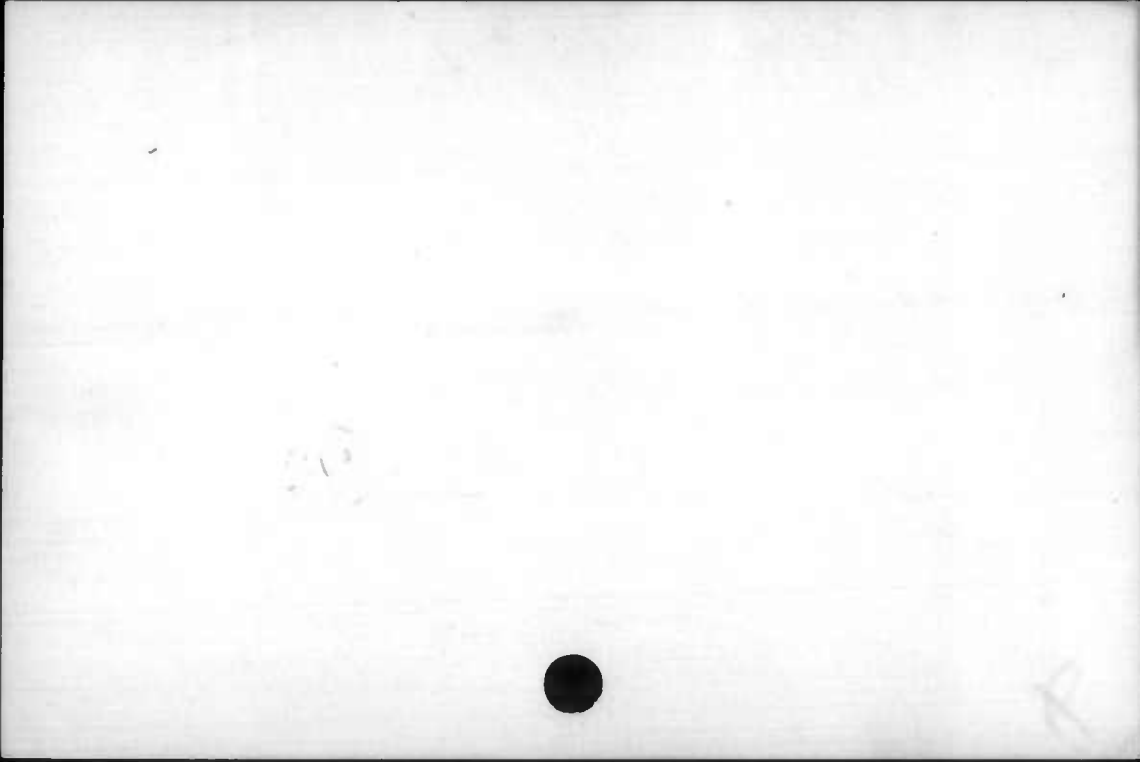
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Quaker Hill* Town *Balto* CountyDate of death *1909* Month *Oct* Day *14* Age *45* Years Months *4* DaysSex *White Male* Color or Race *White* Birth-place *Balto*Occupation *Farmer* Where Residing if not at place of death *Quaker Hill*Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Mahaus*Father's Name *Fredrich Mahaus* Father's Birthplace *Germany*Mother's Maiden Name *Margret W (don't know)* Mother's Birthplace *Germany*Name of person giving information *Maxine Sauter* How related to deceased *not at all*

CAUSES OF DEATH

Primary *Tetanus* How long *72* *30 days*Immediate *Tetanus* How long *30 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. H. M.D.*Address *Albany N.Y.*Accident or Suicide? *No* *Howard*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Kartis
St ^{town} Denis Baltimore ^{County} MARYLAND

Died at

Date of death 1909 Month 10 Day 10 Age 12 Months 2 Days 5

Sex female Color or Race colored Birth-place Ind

Occupation None Where Residing if not at place of death St Denis

Married, Single or Widowed Name of Wife or Husband

Father's Name Charles Kartis ~~W. Brown~~ Father's Birthplace Ind

Mother's Maiden Name Matilda Brown Mother's Birthplace Va

Name of person giving Information Frank Kartis How related to deceased Brother

CAUSES OF DEATH

101 ✓

PHYSICIAN
OR CORONER

Primary Tonsillitis How long 8 days

Immediate Strangulation How long 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. H. Tongue Address Elk Ridge Ind

Accident or Suicide

G. A. Earp

Elk Ridge

Name
in
Full

Luther C. Webster

CERTIFICATE OF DEATH

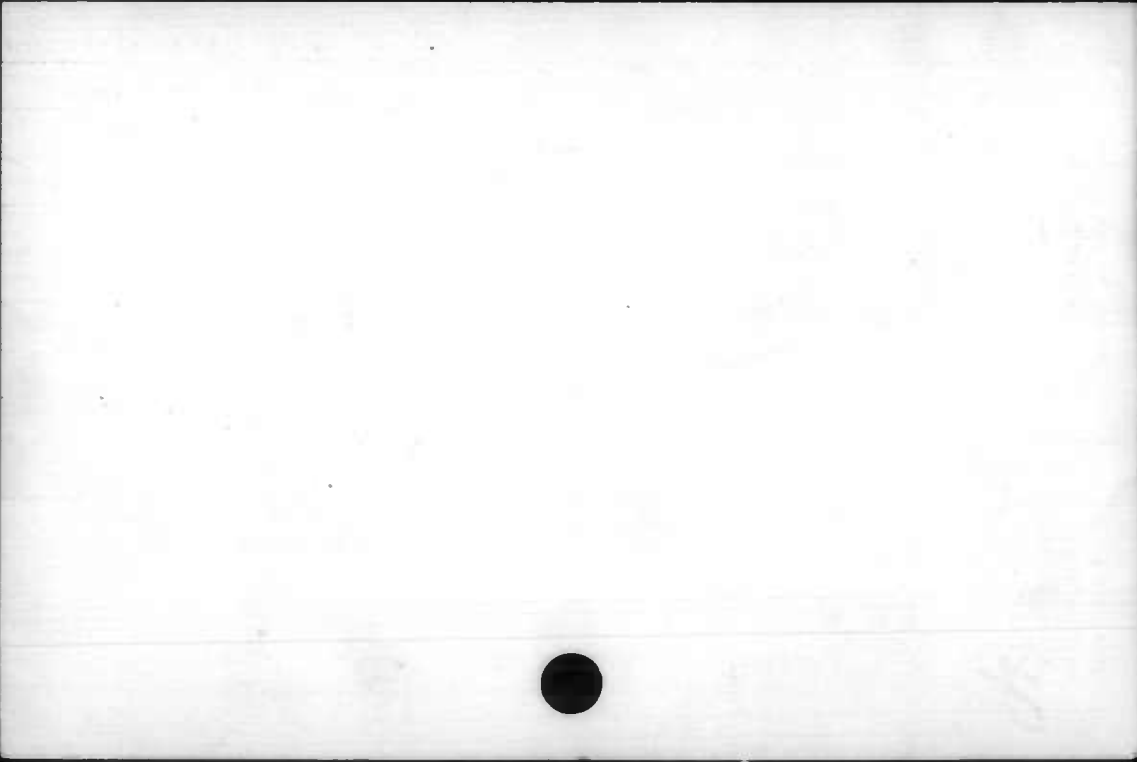
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sparrow Point		County Balto.		MARYLAND	
Date of death		1909	Month Oct	Day 13	Age 42	Months	Days
Sex male		Color or Race white		Birth- place Md.			
Occupation Ship carpenter		Where Residing if not at place of death		Seals Island Md.			
Married, Single or Widowed Married		Name of Wife or Husband Adeline Walter Webster					
Father's Name Sam'l S. Webster		Father's Birthplace Md.					
Mother's Maiden Name Jane Shorey		Mother's Birthplace Md.					
Name of person giving Information Sam'l C. White		How related to deceased Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidentally run over	How long	166
Immediate	by moving crane.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jos. Blair (Coroner)	
Address Sparrow Point, Md.			
Accident or Suicide Accident		15	



Name
in
Full

Henry F. Wegner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>10</u>	Day <u>5</u>	Age <u>72</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore City</u>		
Occupation <u>Fish Dealer</u>	Where Residing if not at place of death <u>Pikesville</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Do Not Know</u>				
Father's Name <u>Do Not Know</u>	Father's Birthplace <u>Do Not Know</u>				
Mother's Maiden Name <u>Do Not Know</u>	Mother's Birthplace <u>Do Not Know</u>				
Name of person giving Information <u>Chas. Dallam</u>	How related to deceased <u>None</u>				

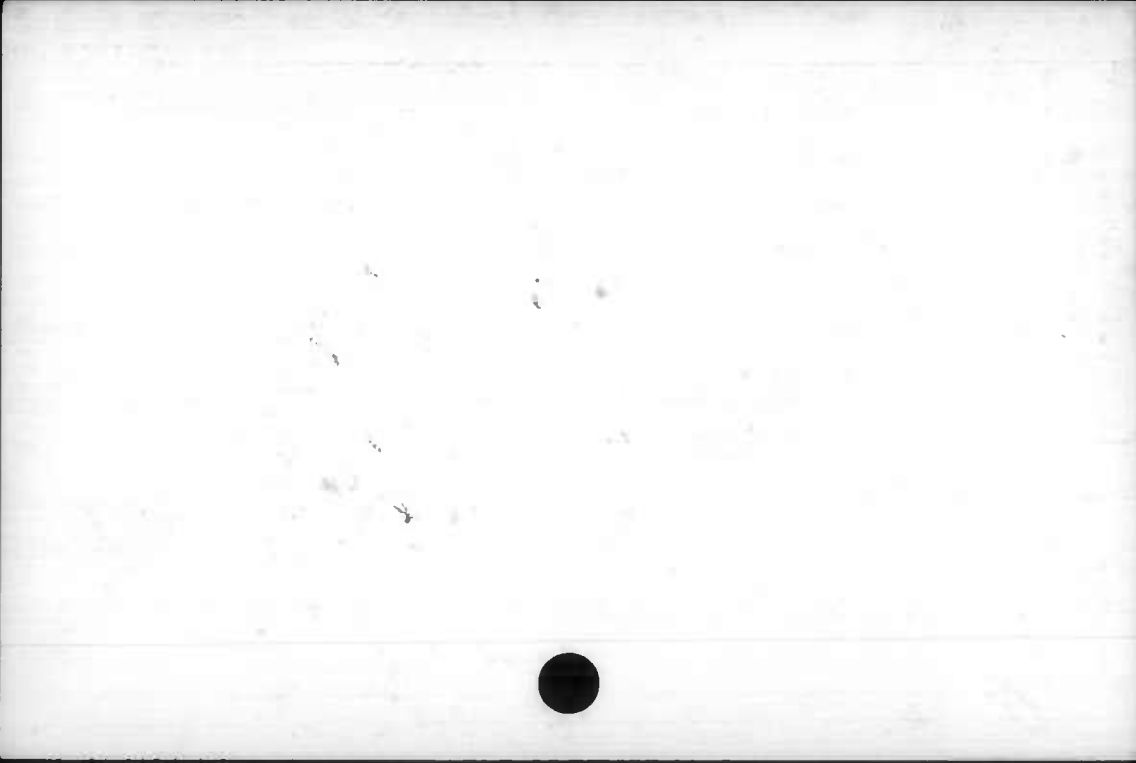
CAUSES OF DEATH

66

✓

PHYSICIAN
OR CORONER

Primary <u>General Debility</u>	How long <u>several months</u>
Immediate <u>Paralysis</u>	How long <u>a few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Wegner</u>
Accident or Suicide	Address <u>Pikesville Md.</u>



Name
in
Full

Ufer West

CERTIFICATE OF DEATH

MARYLAND

Died at *Ellicott City* Town *Balto.* County

Date of death 1909 Oct. 2 Age 79. Months Days

Sex Female Color or Race White Birth-place Germany

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Bernard West

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Bernard West How related to deceased Husband

CAUSES OF DEATH
Primary Cancer of stomach, liver and mesenteric glands exhaustion
How long 12 months +
Immediate 40 ✓
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

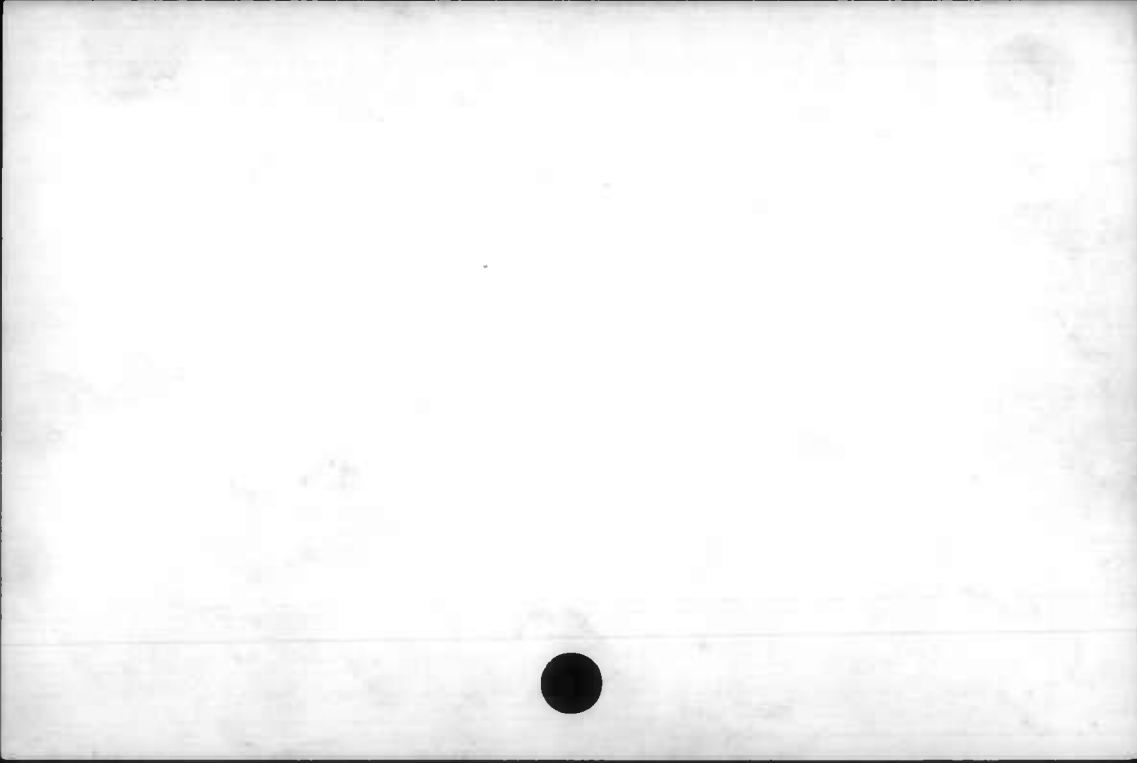
Address

Accident or Suicide

Arthur Williams M.D.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



PHYSICIAN
OR CORONER

OFFICE SUPPLY CO., 2284

B. A. Elliott
506 Rogers Ave
Sunday Batton

Sandy Bottom Cents

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ellen A Whitworth

Town *Hammoville* County *Baltimore*

Died at *Hammoville*

State *MARYLAND*

Date of death *1909 Oct 23* Age *37* Months *1* Days *7*

Sex *Female* Color or Race *White* Birth-place *Cornest Mills*

Occupation *Housewife* Where Residing if not at place of death *Hammoville*

Married, Single or Widowed *Married* Name of Wife or Husband *Harry J Whitworth*

Father's Name *Rudolph Pock* Father's Birthplace *Europe*

Mother's Maiden Name *Emma J Blakely* Mother's Birthplace *Balti*

Name of person giving information *Harry J Whitworth* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *2 1/2*

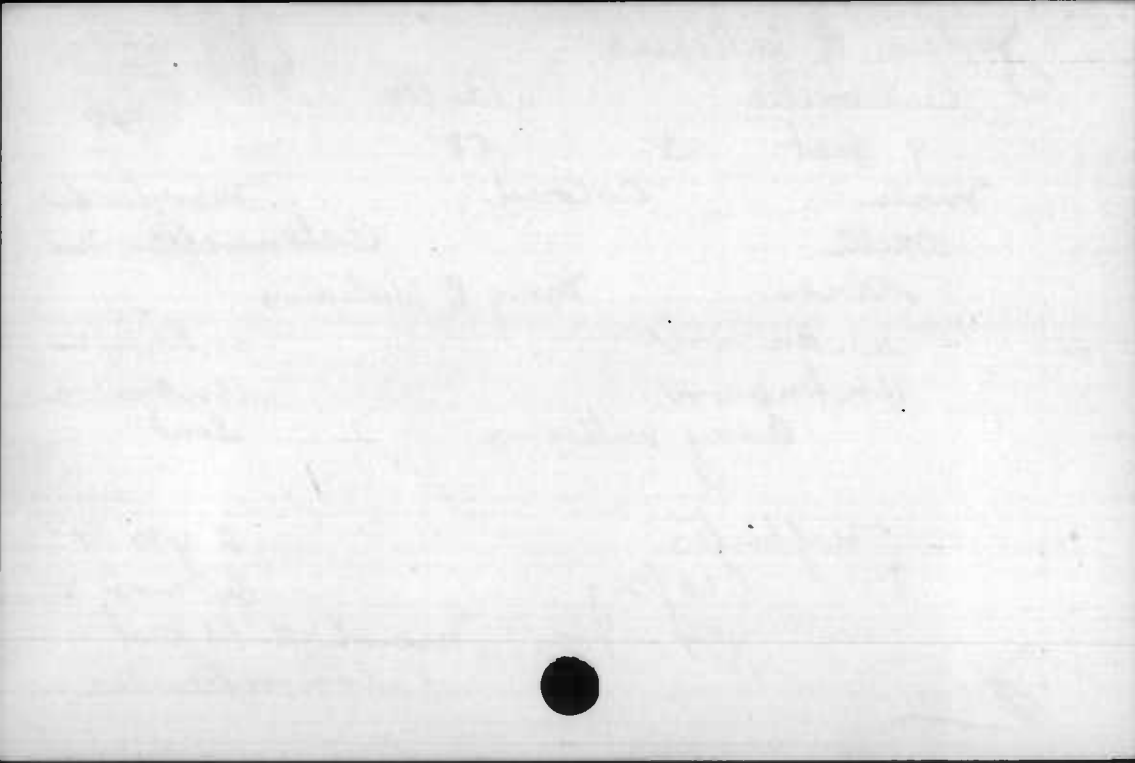
Immediate *Cardiac Insufficiency (acute)* How long *22 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm A. Buppert*

Address *Balti 7719*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Joshua R Williams

Died at

Catonsville

Town

Baltimore

County

Date

of death

1909 Oct

Month

Day

8

Age

Years

58

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

waiter

Where Residing if not
at place of death

Catonsville Md

Married, Single
or Widowed

widower

Name of Wife or
Husband

Mary E Williams

Father's
Name

unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Cary Williams

How related
to deceased

Son

CAUSES OF DEATH

Primary

nephritis

How long

2 yrs

Immediate

Diarrhea

How long

2 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

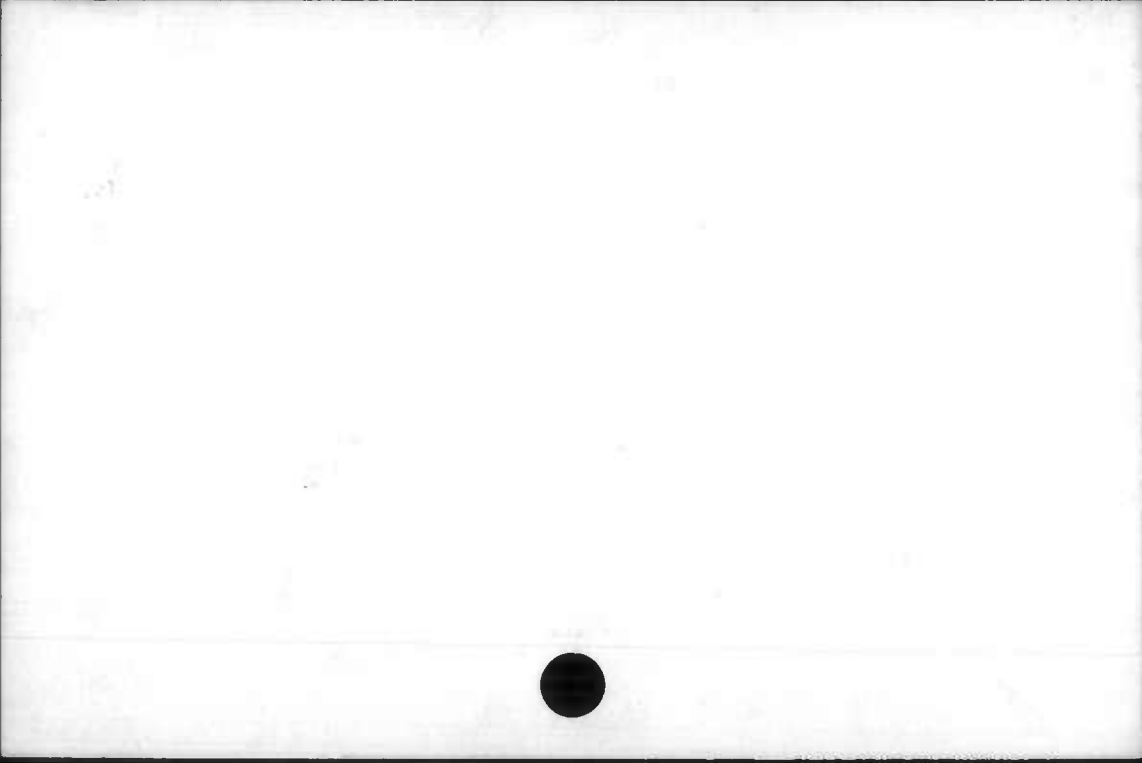
Signature of
Physician

Address

Marshall B West-
Catonsville Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Miss Elyza P. William

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *St. Agnes' Hospital* ^{County} *Balto* **MARYLAND**

Date of death *1909* ^{Month} *Oct.* ^{Day} *6* ^{Years} *55* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Balto.*

Occupation *None* Where Residing if not at place of death *11 - E. Eager St.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Hospital Record* How related to deceased

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

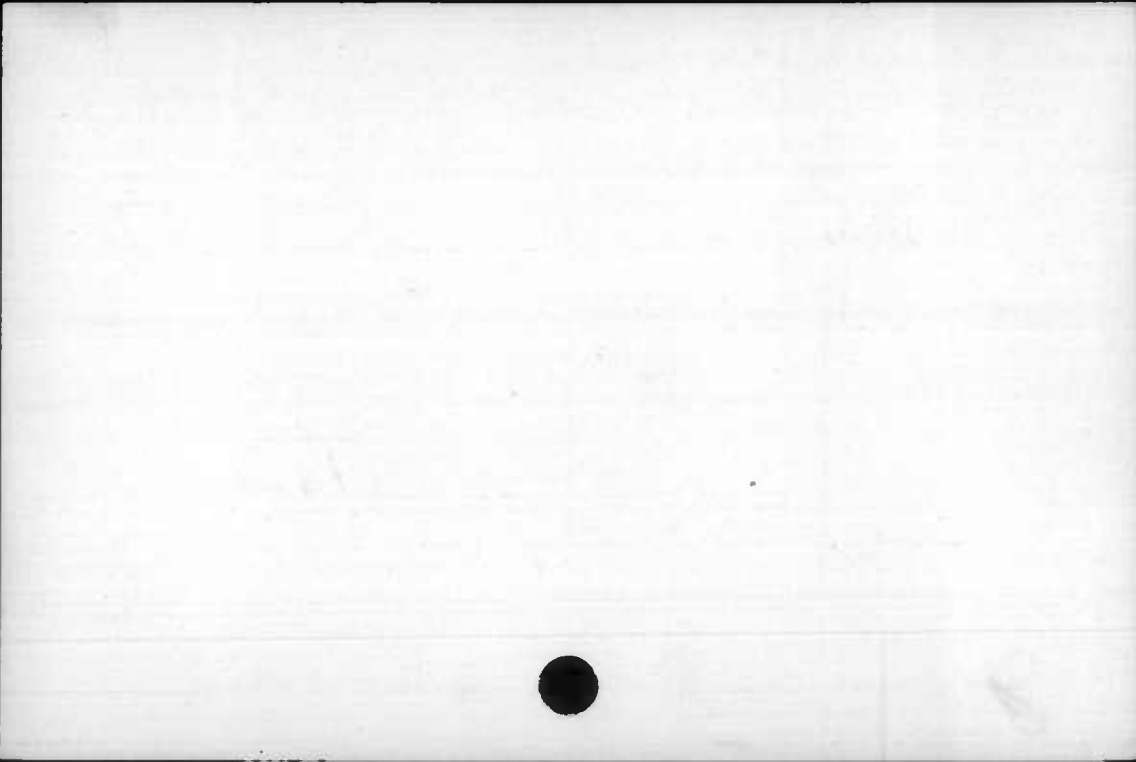
Primary *Chronic Nephritis* How long *4 years.*

Immediate *Uremia* How long *7 days.*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Allen Graham M.D.*

X Address *St. Agnes Hospital*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

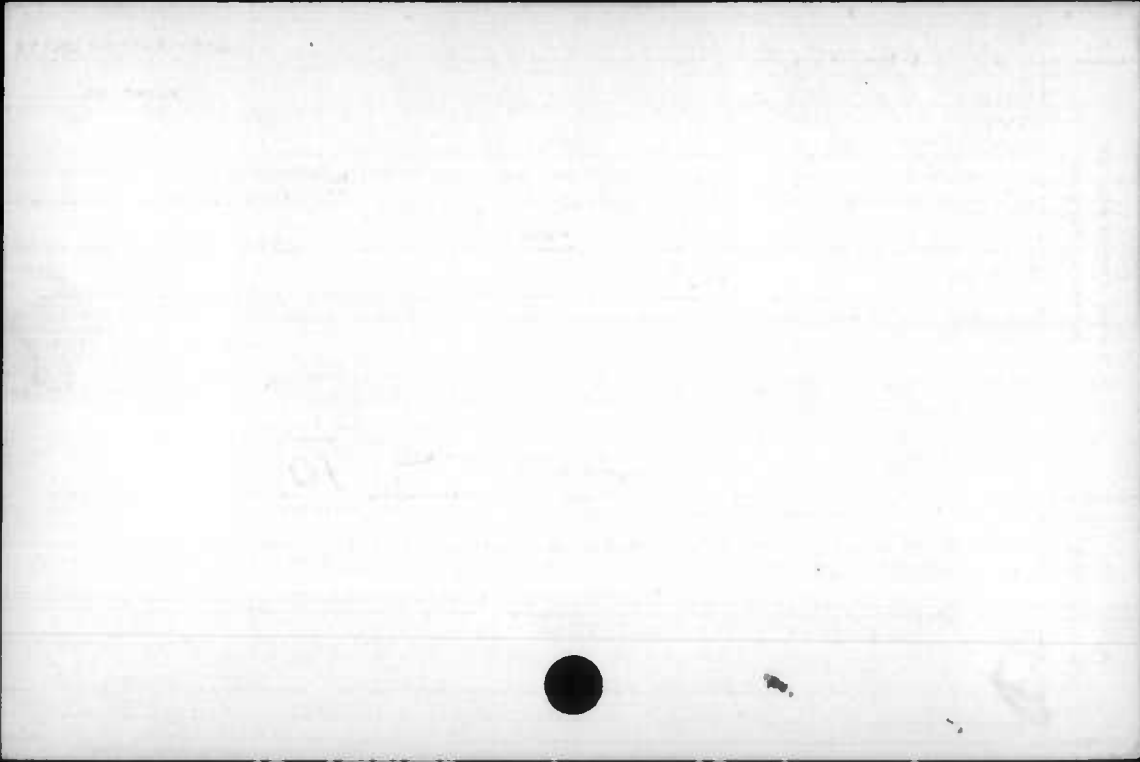
Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>10</i>	Day <i>20</i>	Age <i>67</i>	Years <i>67</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Civil Engineer</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Do not know</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving In formation <i>R. C. Stinson</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Senile delirium</i>	How long <i>Several years</i>
Immediate <i>Myocardial</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. M.</i>
<i>D</i>	Address <i>Pikesville Md.</i>
Accident or Suicide?	



Name
in
Full

Florence E. Worthington

CERTIFICATE OF DEATH

MARYLAND

Died at

St Georges

Batts

Date

of death

1909

Oct

16

Age

68

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Toledo Ohio

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas S Worthington

Father's
Name

Dr Charles Mc Sean

Father's
Birthplace

washington Dc

Mother's
Maiden Name

Margaret M Campbell

Mother's
Birthplace

St Louis

Name of person giving
Information

Helen H Dambmann

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Acute indigestion

How long

3 hours

Immediate

Cardiac Dilatation

How long

Instantly

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

James Goran M.D.
Reisterstown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Oct</i> ^{Month}	<i>31</i> ^{Day}	Age <i>50</i> ^{Years}	<i>2</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Giegenheim</i>				
Father's Name <i>Thos. A. McCabe</i>	Father's Birthplace <i>Ma</i>				
Mother's Maiden Name <i>Mary A. Wilkinson</i>	Mother's Birthplace <i>Ma</i>				
Name of person giving information <i>John Giegenheim</i>			How related to deceased <i>Widow</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	<i>119</i> ✓ How long <i>one week</i>
Immediate <i>Uremic Coma</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David W. Jones</i>
	Address <i>316 E. 2nd St.</i>
Accident or Suicide? <i>No</i>	

Dr Jones

Mt Carmel Tenn

Nov. 3 1909

W. Sander Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Zimmerman

Town *Erlington* County *Baltimore* MARYLAND

Died at *Erlington*

Date of death 1909 *Oct* *14* Age *7* Months *2* Days *23*

Sex *Female* Color or Race *White* Birth-place *Baltimore City*

Occupation *None* Where Residing if not at place of death *Place of Death*

~~Married~~, Single *or* ~~Widowed~~ Name of Wife or Husband

Father's Name *Nelson & Zimmerman* Father's Birthplace *Baltimore*

Mother's Maiden Name *Miss Ora Matheill* Mother's Birthplace *Baltimore City*

Name of person giving Information *Miss Ora Matheill* How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *10 Wks*

Immediate *"* How long *10 Wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. L. Fetterhoff*

Address *A. L. FETTERHOFF, M. D.*

8 *No* Accident or Suicide

N. E. Cor. Lafayette & Carrollton Aves.

BALTIMORE, MD. U. S. A.

London Park Cu-
Jos B. Cook.

Name
in
Full

Mary Frances Zouck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Carmel		County Bald		MARYLAND	
Date of death		1909	Month Oct	Day 12	Age 49	Months	Days 27
Sex Female		Color or Race White		Birth-place Mt. Carmel, Md.			
Occupation unemployed		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Richard Zouck		Father's Birthplace Bald Co. Md.					
Mother's Maiden Name Catherine Dorsey		Mother's Birthplace Cecil Co. Md.					
Name of person giving information Catharine Zouck		How related to deceased Mother					

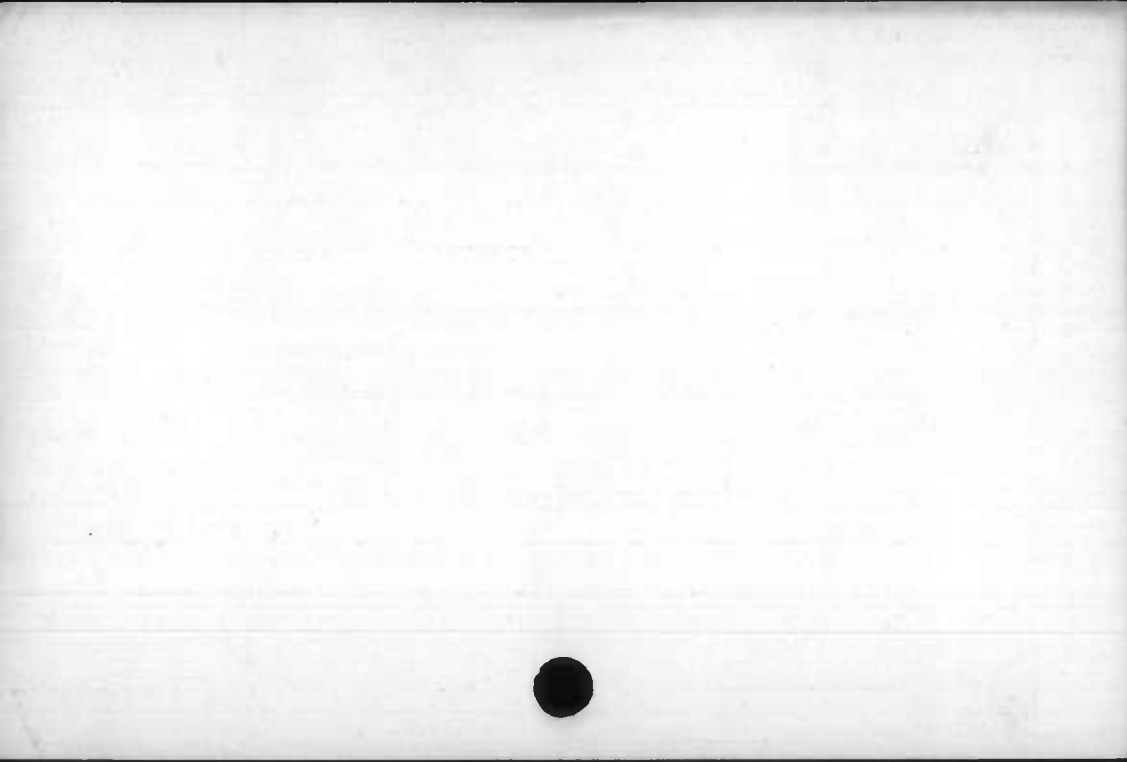
CAUSES OF DEATH

79

V

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long	2 Years
Immediate	Angina Pectoris		How long	5 to 10 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. R. Mitchell	
			Address Mounton R. F. D. No. 2, Md.	
Accident or Suicide?				



Name
in
Full

Unknown Cold man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Waltham Town Baltimore County MARYLAND

Date of death 1909 Month 10 Day 15 Age about 10 Years Months Days

Sex male Color or Race Black Birth-place

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed - _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving Information _____ How related to deceased _____

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary _____ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Robert C. Blanche Address St. Denis 20 Md

Accident Swing

undertake.

Nicholas D. Smith

M. Zion Cemetery

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		Oct	26	Age	about 65		
Sex	Male		Color or Race	American		Birth-place	Unknown
Occupation	Unknown		Where Residing if not at place of death		Unknown		
Married, Single or Widowed	Unknown		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fractured Skull with brain		How long	V
Immediate	struck by R.R. Train		How long	Crucy
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Accident		J. S. Sudler M.D.		
Accident or Suicide		Address		
		3323 E. Baltimore		

~~Oak Lawn Cemetery~~
~~Anatomical Board~~

John Herwig & Son

10/27/09 7/13/09